



# Polk County Health & Human Services Agency

Economic Services | Public Health | Senior Services | Social Services | Public Transportation | Veteran Services

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## Re-Inspection Request Form

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Operator/Manager Name: \_\_\_\_\_

Reason for Re-Inspection Request:

- Restaurant facility re-inspection request
  - Operation Permit denial/request for new permit inspection [\$50.00 fee]
  - Permit suspension/request for inspection to lift permit suspension [\$50.00 fee]
  - Other: \_\_\_\_\_
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Comments/Concerns:

\*\*I am signing this form requesting a re-inspection. I assure that my facility is ready for a re-inspection. I understand that if my facility is not ready, I will be charged an additional fee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_