



DEPARTMENT OF ENVIRONMENTAL HEALTH

633 WASHINGTON STREET, ROOM 36

RED BLUFF, CA 96080

Phone (530) 527-8020 Fax (530) 527-6617

Tia Branton, REHS Director

SERVICE REQUEST

APN# _____

SERVICE:	FEE:	AMOUNT:	RECEIPT:
• Re-Inspection Request	\$105.00	\$_____	#_____
• Plan Review			
1. Food Facility			
a. New Facility	\$210/\$320/\$428	\$_____	#_____
i) Plans Attached Y N			
b. Remodel	\$105/\$210/\$320	\$_____	#_____
ii) Plans Attached Y N			
2. Pool			
a. New Pool	\$210/\$320	\$_____	#_____
i) Plans Attached Y N			
b. Remodel	\$105/\$210	\$_____	#_____
ii) Plans Attached Y N			
• Other: _____			

Received by: _____

Date: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____