NET HEALTH
NORTHEAST TEXAS PUBLIC HEALTH DISTRICT

Environmental Health Department
Requested Food Establishment Application
Submit To: 815 N. Broadway Ave. Tyler, TX 75702

Requested Food Establishment Inspection Application

Please remit the completed application and fee to: NET Health - 815 N. Broadway Tyler TX 75702

Application Date: _____ **Request By Date**: _____

I hereby make application requesting a NET Health Food Establishment Inspection.

Facility Type (circle one): Nursing Home Assisted Living Childcare Non-Profit

Establishment Information:

Establishment Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Establishment Email: _____

Owner: (Circle One): Individual Partnership Association Corporation

Business/Corporation Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Billing Address (if different): _____

Owner E-Mail: _____ Fax: _____

Onsite Contact:

Name: _____Phone #_____

Street Address: _____

Email Address: _____Picture ID: _____

Signature: _____ Print Name: _____

The requested inspection will not be scheduled or conducted until this form and required fee is received.

Date Received: _____ Requested Inspection Fee: $_____ Method of Payment: _____
Copy of Driver's License: _____ Date Issued to Inspector: _____

E-22 (09-26) **Office Use Only**