



## REQUEST FOR RESCORE INSPECTION

**Business Name:** \_\_\_\_\_  
**Business Site Address:** \_\_\_\_\_ **Suite #:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_) \_\_\_\_\_

**Business Mailing Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ am requesting a rescore inspection. The  
 (Facility Owner or Operator)  
 inspection was conducted on \_\_\_\_\_; my facility received a \_\_\_\_\_.  
 (Inspection Date) (Grade)

**Request must be submitted within seven days following the inspection.**

**Explanation (optional)**

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<b>Rescore Information</b>		<b>Date Received:</b>
<b>Fee Amount \$ 465.00</b>	<b>Date Paid:</b>	<b>Receipt No.:</b>
<b>FA:</b>	<b>OW:</b>	<b>PR:</b>
<b>Original Inspector:</b>		<b>Rescore Assigned to:</b>
<b>Scheduled Inspection Date:</b>		<b>90 Day re-inspection before:</b>
<b>Copy:</b> <input type="checkbox"/> Operator <input type="checkbox"/> Director <input type="checkbox"/> Chief <input type="checkbox"/> Food Program Supervisor <input type="checkbox"/> Inspector <input type="checkbox"/> File		