



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)

Rescore Information		Date Received:
Fee Amount \$ 465.00	Date Paid:	Receipt No.:
FA:	OW:	PR:
Original Inspector:		Rescore Assigned to:
Scheduled Inspection Date:		90 Day re-inspection before:
Copy: <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		