



## 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.  
(Facility Owner or Operator)

The inspection conducted on \_\_\_\_\_ scored my facility as \_\_\_\_\_.  
(Inspection Date) (Grade)

**Request must be submitted within seven (7) days following the inspection.**

### Explanation (optional)

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<b>Rescore Information</b>		<b>Date Received:</b>	
<b>Fee Amount: \$431.76</b>	<b>Date Paid:</b>		<b>Receipt #:</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			