

EXEMPT CHILD FOOD PROGRAM INSPECTION REQUEST

SITE NAME _____

ADDRESS _____

NAME OF CONTACT _____

PHONE NUMBER _____

EMAIL _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE):

TYPE OF PROGRAM: SUMMER MEAL AFTER SCHOOL MEAL

PROGRAM DAYS/HOURS OF OPERATION _____

COMMENTS: _____

HEALTH DEPARTMENT _____

SIGNATURE OF REQUESTOR _____

TITLE _____

DATE _____