



Request for a QVHD Re-Inspection of Food Service Establishment*

DATE: _____

Name of Establishment: _____

Address: _____

Applicant Name: _____ Title: _____

Phone: _____ Email: _____ FAX: _____

Owners Name (if different than above): _____

QFO's Name (if different from above): _____

Most recent inspection date: _____

Score received: _____

Rate received (if applicable): A B C

All violations noted in the most recent inspection report have been corrected and verified by the undersigned.

Signature of Applicant: _____

Print name: _____

***The re-inspection will be a full inspection. All observed violations will be cited.**

Fee: \$35.00 (completed form and fee must be submitted at the time of request)

OFFICE USE ONLY

Reviewed by:

Fee Paid:

Date:

JULY 2016

Quinnipiac Valley Health District

A Regional Health Department Serving Bethany, Hamden, North Haven and Woodbridge, CT

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