

Linn County Environmental Health Program

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<https://www.linncountyhealth.org/eh>

SANITATION INSPECTION REQUEST

Facility Name _____

Location/Address _____

Facility Contact _____

Phone Number _____ Today's Date _____

Comments _____

Inspection Type

Daycare- Center

Daycare- Home

Consultation

Other: _____

For Daycares- please include certifier's name _____

Billing Information (If different than above)

Name _____

Address _____

FOR OFFICE USE ONLY

Date Requested: _____

Inspection Date: _____

Inspected By: _____

Invoice Sent: _____