

COLUMBUS PUBLIC HEALTH NON-MANDATED INSPECTION REQUEST FORM

Date Request Sent:	
Name of Operation:	
Address of Operation: <i>Include Street Address, City, & Zip Code</i>	
Number of Meals/Day:	
Days/Hours of Operation:	
Person In Charge:	
Primary Contact Number:	
Alternate Contact Number (Cell):	
Fax Number:	
E-mail:	

OR:

The form must be sent in advance to:

Columbus Public Health
Attn: Environmental Health Licensing Program
240 Parsons Ave.
Columbus, OH 43215

You can email the form to:

Environmental_Health@columbus.gov

Questions? Please contact: Rob Acquista, 614-645-6176, robertacq@columbus.gov