



**INGHAM COUNTY ENVIRONMENTAL HEALTH**  
5303 S. CEDAR STREET, P.O. BOX 30161 LANSING, MI 48909  
PHONE: (517) 887-4312 FAX: (517) 887-4560

**STFU INSPECTION REQUEST FORM**

STFU Inspection #1      STFU Mid-Season Inspection     

Name of STFU: \_\_\_\_\_ STFU License # : \_\_\_\_\_

Name of Operator: \_\_\_\_\_ Operator Phone : \_\_\_\_\_

Inspection Location/Place: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_ Scheduled Starting Time: \_\_\_\_\_

<b><u>Office Use Only:</u></b>		<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card _____
			<input type="checkbox"/> Check/ MO _____
Date of Payment: _____	Amount Paid: _____	Receipt #: _____	
Inspection Assigned to: _____	Clerk Initials: _____		

**NOTICE TO ALL OPERATORS:**

All STFU operators are required to obtain two (2) routine inspections each licensing year in order to be eligible to renew a licence for the following year. You must contact the health department prior to sending in this form to assure that there will be available staff to conduct the inspection you are requesting. This notice along with your \$ 90.00 fee, must be received not less than ten (10) business days before the inspection date being requested.

**Environmental Health**