

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____
 FEES PAID: _____ STAFF ASSIGNED: _____
 RECEIPT #: _____ CHECK # or CC: _____
 FACILITY ID: _____ SERVICE REQUEST #: _____

COUNTY OF YOLO



Department of Community Service
Environmental Health Division

292 W. Beamer Street, Woodland CA 95695
 Phone: (530) 666-8646 Fax: (530) 669-1448

Request for Service: Consumer Protection

Check Type of Service Requesting:

- Plan Check Inspection – Hourly Rate (1707) Food Plan Check (1701-1706)
 Pool Plan Check (3601-3606) Other: _____
 Body Art Plan Check (1812-1814)

Business Site Address:	City:	Zip Code:
Business Owner(s):	Business Name:	
Phone Number:	Email:	
Mailing Address:	City:	Zip Code:
Billing Address <i>(If different than above):</i>	City:	Zip Code:

Person Requesting Service <i>(If different than above):</i>	Title:	
Phone Number:	Email:	
Mailing Address:	City:	Zip Code:
Billing address <i>(If different than above):</i>	City:	Zip Code:

I understand that additional fees, as authorized by the current Yolo County Fee Resolution, for the service requested may apply and will be charged to the chosen party:

- Property owner Person requesting service

By signing this agreement, I am responsible to ensure the required fee is paid, and I have the authority from the responsible party to request these services. I hereby certify that the information in this document is true and correct to the best of my knowledge.

Signature: _____ Date: _____