



MONTEREY COUNTY HEALTH DEPARTMENT

Environmental Health Bureau

1270 Natividad Road, Salinas, CA 93906
Phone (831) 755-4507 / Fax (831) 796-8680

REQUEST FOR SERVICE

Name: _____
Address: _____
City: _____ Zip: _____
Telephone: () - _____ Fax: () - _____
Email: _____

Description of service requested, including Assessor's Parcel Number (APN) or physical location of project site (attach a detailed site plan when appropriate):

Indicate response time desired/needed:

Please sign below, indicating that you understand that this request for service will be billed at a rate of \$____ per hour, the current hourly rate of hourly Environmental Health service. The first hour's payment must accompany this form before it will be processed.

Print Name: _____ Signature: _____

~~~~~OFFICE USE ONLY~~~~~

Date: \_\_\_\_\_ Specialist: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Time (hours) = \_\_\_\_\_  
Consultation with Inspector/Specialist @ \$\_\_\_\_ per hour = \_\_\_\_\_  
Less Initial Deposit = \_\_\_\_\_

**Total Amount Due =**

Completed By (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_