

# COLUMBUS PUBLIC HEALTH NON-MANDATED INSPECTION REQUEST FORM

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Date Request Sent:	
Name of Operation:	
Address of Operation:	
Number of Meals/Day:	
Days/Hours of Operation:	
Person In Charge:	
Primary Contact Number:	
Alternate Contact Number (Cell):	
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:**

EH@columbus.gov

**Questions?** Send email to: EH@columbus.gov