



Food Premises Inspection Report requested for the following establishment:

Name of food premises/establishment: _____

Address: _____

Information requested by:

Name: _____

Address: _____

Email: _____

Telephone: _____

I would like the report to be:

- Mailed to me at the above address
- Emailed to me at the above address
- Faxed to me at the following fax number: _____
- I will pick up the report at Peterborough Public Health (185 King Street)

Comments:

This form may be submitted to Peterborough Public Health by fax at 705-743- 1203, by e-mail to info@peterboroughpublichealth.ca , or in person or by mail to the Peterborough Public Health, Jackson Square, 185 King Street, Peterborough, Ontario K9J 2R8. Please note that you may submit up to three requests for reports per day. Allow seven working days from receipt for your request to be processed.

For office use only:

Date received: _____

by: _____

Sent by: Mail Email Fax Picked up

Date completed: _____

Completed by: _____