



HOUSING PROGRAM APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

UPDATED INFORMATION CHANGE OF OWNERSHIP NEW FACILITY

OWNER #1 INFORMATION:

Name: _____
Home Address: _____
City/ State/ Zip: _____
Phone #: _____ Alt. #: _____
Email Address: _____

OWNER #2 INFORMATION / CONTACT (if applicable):

Name: _____
Home Address: _____
City/ State/ Zip: _____
Phone #: _____ Alt. #: _____
Email Address: _____

FACILITY INFORMATION:

Facility Name: _____
Facility Address: _____
City/ Zip: _____
Phone #: _____
Email Address: _____
Previous Facility Name: _____

TYPE OF FACILITY:

APARTMENT COMPLEX Number of bldgs: _____
Number of units per building: _____
Please specify _____
 HOTEL / MOTEL Number of rooms: _____
 BED & BREAKFAST Number of rooms: _____
 ORGANIZED CAMP

SEND ANNUAL HEALTH PERMIT BILL TO:

Owner 1 Address Owner 2 Address
 Facility Address
 Other - Please specify _____

NOTIFY ENVIRONMENTAL HEALTH SERVICES IN WRITING IF BUSINESS CLOSES OR CHANGE OF OWNERSHIP OCCURS WITHIN 30 DAYS. HEALTH PERMITS ARE NON-TRANSFERRABLE.

I/We certify that the above information is true and correct.

Print Owner 1: _____ Signature: _____ Date: _____

Print Owner 2: _____ Signature: _____ Date: _____

OFFICIAL USE ONLY

ENTERED BY: _____

DATE: _____

New Facility Active (01) Inactive (02) Active Non-Billable (04) Change of Facility Name

Change of Ownership Date of Change: _____ Permit Fee \$ _____ Date Paid: _____

RECORD ID: _____ FACILITY ID: _____ PGM/ELE: _____ APN: _____

ASSIGNED TO: _____ REHS APPROVAL: _____ DATE: _____

Comments: _____