

WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street, Wabash, Indiana 46992
(260) 563-0661 Ext. 1249 or 1283; Fax: (260) 563-6082

PLAN REVIEW

ESTABLISHMENT NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

DATE	START TIME	END TIME	TOTAL HOURS (Minimum 1 Hour)	TOTAL COST (\$35.00 Per Hour)
TOTAL HOURS AND FEES:				

Total Amount Due

CONTACT PERSON SIGNATURE: _____ DATE: ____/____/____

ENVIRONMENTAL FOOD SPECIALIST: _____ DATE: ____/____/____

MAKE CHECK PAYABLE TO: *Wabash County Health Department*