



Public Health

PANHANDLE HEALTH DISTRICT

Healthy People in Healthy Communities

ENVIRONMENTAL HEALTH

<http://www.phd1.idaho.gov>

FEDERAL MANDATED SECOND INSPECTION FOR SCHOOLS – INSPECTED BY PANHANDLE HEALTH DISTRICT

INVOICE

Date: _____

Amount Due: \$305.00/Per School Inspected

Name of School: _____

Location Address: _____

City/State/Zip: _____

Bill To: School District #:
 Attention:
 Mailing Address:
 City/State/Zip:

The request for a second inspection by Panhandle Health District must be in writing. You may copy this form for each school to be inspected. *Your authorized signature on this invoice is your written request.*

Please include the \$305 fee for each school to be inspected and *return to your local county Panhandle Health District office.*

If you have any questions, please do not hesitate to call.

Thank you.

Authorized Signature

Title