

**SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT  
SERVICE REQUEST**

Type of Business or Property		FACILITY ID #		SERVICE REQUEST #	
OWNER / OPERATOR					CHECK if BILLING ADDRESS <input type="checkbox"/>
FACILITY NAME					
SITE ADDRESS		Street Name		City	
Street Number	Direction	Street Name		City	Zip Code
HOME or MAILING ADDRESS (If Different from Site Address)			Street Name		
CITY			STATE		ZIP
PHONE #1 ( )	Ext.	APN #		LAND USE APPLICATION #	
PHONE #2 ( )	Ext.	BOS DISTRICT		LOCATION CODE	

**CONTRACTOR / SERVICE REQUESTOR**

REQUESTOR			CHECK if BILLING ADDRESS <input type="checkbox"/>
BUSINESS NAME		PHONE # ( ) Ext.	
HOME or MAILING ADDRESS		FAX # ( )	
CITY		STATE	
		ZIP	

**BILLING ACKNOWLEDGEMENT:** I, the undersigned **property** or **business owner, operator** or **authorized agent of same**, acknowledge that all site and/or project specific ENVIRONMENTAL HEALTH DEPARTMENT hourly charges associated with this project or activity will be billed to **me** or **my business** as identified on this form.

I also certify that I have prepared this application and that the work to be performed will be done in accordance with all SAN JOAQUIN COUNTY *Ordinance Codes, Standards*, STATE and FEDERAL laws.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PROPERTY / BUSINESS OWNER**  **OPERATOR / MANAGER**  **OTHER AUTHORIZED AGENT**  \_\_\_\_\_  
*If APPLICANT is not the BILLING PARTY, proof of authorization to sign is required* Title

**AUTHORIZATION TO RELEASE INFORMATION:** When applicable, I, the **owner** or **operator** of the **property** located at the above **site address**, hereby authorize the release of any and all results, geotechnical data and/or environmental/site assessment information to the SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT as soon as it is available and at the same time it is provided to me or my representative.

TYPE OF SERVICE REQUESTED:			
COMMENTS:			
ACCEPTED BY:		EMPLOYEE #:	DATE:
ASSIGNED TO:		EMPLOYEE #:	DATE:
Date Service Completed (if already completed):		SERVICE CODE:	P / E:
Fee Amount:	Amount Paid	Payment Date	
Payment Type	Invoice #	Check #	Received By: