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ehealth@amarillo.gov



Receipt #: _____

Date Paid: _____

Permit #: _____

Amarillo Area Public Health District

Application for Reinspection of Food Establishment

1st Reinspection- \$103

2nd Reinspection- \$155

3rd Reinspection- \$258

4th Reinspection- \$361

Establishment Name: _____

Establishment Address: _____

Phone Number: _____

Applicant

Environmental Health Specialist