

Phone: (806)-378-9472

Fax: (806)-378-3585

TDD: (806)-378-4229

ehealth@amarillo.gov



Receipt #: _____

Date Paid: _____

Permit #: _____

Amarillo Area Public Health District Application for Reinspection of OSSF

Collect \$103 for: Trip Fee Second Inspection

County: _____ Address of OSSF: _____

Installer's Name: _____

Owner's Name: _____

Applicant

Environmental Health Specialist

October 2021