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OSSF Permit No.: 2324-_____

Date Paid: _____

Amarillo Area Public Health District

Application for Reinspection of OSSF

Fee: See current FY fee schedule

Inspection Type: Re-Inspection Additional Inspection Site Visit

911 Address of Installation (City, State, Zip): _____

Installer's Name: _____

FOR OFFICIAL USE ONLY

Payment Information:

Payment Type: Cash Credit Card- Type: _____ Authorization #: _____ Check No.: _____

Permit Amt Paid: _____ Merchant Service Fee Amt Paid: _____ Receipt #: 008-_____

Inspection Information:

Designated Representative Signature: _____ License No.: OS _____ Date: _____