



EXEMPT FOOD PROGRAM INSPECTION REQUEST

SITE NAME _____

ADDRESS _____

NAME OF CONTACT _____

PHONE NUMBER _____

EMAIL _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE)

TYPE OF PROGRAM:

SUMMER MEAL AFTER SCHOOL MEAL CHILDCARE MEAL CHURCH MEAL

OTHER _____

NUMBER OF INDIVIDUAL MEALS SERVED _____

PROGRAM DAYS _____

HOURS OF OPERATION _____

DOES THE PROGRAM RECEIVE ANY FUNDING TO SPONSOR THE MEAL PROGRAM?

NO YES, FUNDING SOURCE _____

IS THERE AN INDIVIDUAL COST TO ATTEND THE PROGRAM (ENTRY FEE, TUITION, ETC.)?

NO YES

COMMENTS:

(SIGNATURE OF REQUESTOR)

(DATE)