

Inspection Response Form



Date of Response: _____

Date of Inspection/Report: _____

Attn: _____

The following is my response to the inspection and/or narrative report, which was prepared by an authorized representative from the LaPorte County Health Department.

Multiple horizontal lines for writing the response.

(Attach/send additional information as needed)

Fax: (219) 325-8628

Mail: LaPorte County Health Dept.
809 State Street, Suite 401 A
La Porte, IN 46350

Establishment Name

Address

Signature/Title

(Operator Response-1/07)