

Phone: (806)-378-9472

Fax: (806)-378-3585

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ehealth@amarillo.gov



Receipt #: _____
Date Paid: _____
Permit #: _____

Amarillo Area Public Health District

Application for Reinspection of OSSF

Collect \$100 for: Trip Fee Second Inspection

County: _____ Address of OSSF: _____

Installer's Name: _____

Owner's Name: _____

Applicant

Environmental Health Specialist

October 2019