

**HRDC LETTERHEAD / (HRCC ADDRESS)**

**DATE:** \_\_\_\_\_

**(NAME AND ADDRESS OF COUNTY HEALTH UNIT)**

WE REQUEST SEASONAL HOUSING INSPECTION FOR THE FOLLOWING EMPLOYER  
PRIOR TO THE ARRIVAL OF THE WORKERS:

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

LOT : \_\_\_\_\_ CONCESSION : \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF INSPECTION: **OFFSHORE WORKERS**

APPROXIMATE DATE WORKERS TO ARRIVE: \_\_\_\_\_

NUMBER OF WORKERS REQUESTED: \_\_\_\_\_

PLEASE ADVISE THE APPROPRIATE LIAISON OFFICER AND THIS OFFICE OF THE  
RESULTS OF YOUR INSPECTION.

THANK YOU.

HRCC MANAGER