

HRSD LETTERHEAD / (SCC 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.

SCC MANAGER