



CITY OF ALAMO HEIGHTS
PUBLIC WORKS DEPARTMENT
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**GENERAL HEALTH / SANITATION
INSPECTION**

FACILITY: _____ **PHONE:** _____

ADDRESS: _____ **FAX:** _____

POINT OF CONTACT: _____

Findings:

Recommendations:

Health

Inspector: _____ **Date:** _____

Received by: _____ **Date:** _____

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