

Request for Pre-Demolition Rodent Free Inspection

Norfolk Department of Public Health

830 Southampton Avenue

Norfolk, VA 23510

Date _____

Company Name: _____

Address _____

City _____ State _____ Zip Code _____

PHONE _____ Fax Number _____

Address to be inspected: _____

Number of structures: () \$50.00 fee per structure

Type of Structure: House _____ Commercial Building _____ Other _____

Other Structures on Premises: Garage _____ Shed _____ Other _____

Are there any obstructions to accessing the site? (i.e., locked gates or fences)

() yes () no _____

PAYMENT INFORMATION

PAYMENT AMOUNTS _____

CREDIT CARD TYPE VISA MASTERCARD CHECK _____

CREDIT CARD # _____ CCV _____ EXP DATE _____

CARDHOLDER'S NAME _____

SIGNATURE _____

***Note: Checks should be made payable to:**

Norfolk Department of Public Health

830 Southampton Ave

Norfolk, VA 23510

Please mail check to the address above. Credit card payment request should be fax to (757)683-2394 attention Environmental Health.