



CITY OF RACINE, WISCONSIN
PUBLIC HEALTH DEPARTMENT
Serving the City of Racine and the Villages of Wind Point & Elmwood Park

Environmental Health Extension Request

Date: _____

Name: _____

Property Address: _____

Phone Number: _____

Sanitarian who issued the order: _____

Date of original reinspection: _____

Requested date of reinspection: _____

Reason for Requested Extension:

Signature of Applicant: _____

_____ **Accepted** _____ **Denied** _____ **Other**

Sanitarian Signature