

# KENT COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH  
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Adam London, RS, MPA  
*Administrative Health Officer*

## **REQUEST OF AFFIDAVIT DISCHARGE**

Inspection Fee: \$180 – Access to building is required for inspection and release of affidavit.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Township: \_\_\_\_\_

The reason for the Affidavit Discharge is \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Owner/Applicant                      Date                      Sanitarian                      Date

FOR OFFICE USE ONLY

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_