



**BRAZOS COUNTY HEALTH DEPARTMENT
201 NORTH TEXAS AVENUE
BRYAN, TEXAS 77803
(979) 361-4450**

REQUEST FOR RECORDS

I, the undersigned do hereby request to see the food service inspection records for the following establishment(s):

ESTABLISHMENT

DATE (if applicable)

Signed : _____ Date : _____

Address : _____ City : _____

Business (if applicable) : _____

EMAILED TO: _____

FAXED TO: _____

MAILED TO: _____