



CITY OF LYNN

INSPECTIONAL SERVICES DEPARTMENT

Room 103, Lynn City Hall, Lynn, MA 01901 Tel: (781) 598-4000 Fax: (781) 477-7031

Reinspection Request Form

Inspection Address: _____

Type of Inspection: Health Code \$100.00, Food \$100.00, Building \$75.00, Trade \$75.00 (please circle)

Initial Date of Inspection: _____

Date of first Reinspection: _____

Name of applicant: _____

Phone number of applicant: _____

Permit number _____

I am aware there is a fee associated with this request and there is no guarantee that the reinspection will pass.

Signature and Date