



## HEALTH DEPARTMENT REINSPECTION FEE

**Per Township Ordinance Chapter(s) 416/427** The Township Requires a Re-Inspection Fee of \$50.00  
If this fee is not paid within (10) Business Days, a summons for municipal court will be issued by the  
Office of Health Services

**Date:** \_\_\_\_\_  
**Name of Establishment:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Owner/Operator:** \_\_\_\_\_  
**Inspector:** Nick DeStefano  
Registered Environmental Health Specialist - MCOHS

Please be advised that on \_\_\_\_\_, your establishment/facility received rating of:

- CONDITIONALLY SATISFACTORY**                       **NJAC 8:24 Retail Food Inspection**  
 **UNSATISFACTORY**                                       **NJAC 8:26 Recreational Bathing Inspection**

Therefore, you have been assessed a reinspection fee of \$50.

Additional fees will be assessed for each individual inspection required hereafter at the discretion of the Health Official.

**The check must be made payable to:**  
Township of North Brunswick  
710 Hermann Road  
North Brunswick, NJ 08902

**Note:** Please attach copy of this form to your  
check with the notice number on the top of  
this form.  
**Address Envelope Attn: Health Dept**  
**Reinspection Fees**

Issued By/Signature: \_\_\_\_\_  
732-247-0922 x475

---

### FOR OFFICE USE ONLY:

Date Received:	
Check Number:	
Received By:	