

Environmental Health Services



Plan Review (non-licensed facilities)

Facility Name: _____

Facility Address: _____

Provider's Name: _____ Telephone #: _____

Email Address: _____

Extra Info: _____

Paid fees are required.

For additional fee information, visit our website: www.mchealthinspect.org
or call: 503 988-3400.

Send to: Environmental Health Services
847 NE 19th Ave, Suite 350
Portland, OR 97232