



Campground Inspection Request \$175

Name of Campground:	
Property Address:	Township/City:
Owner's Name:	Owner's Phone:
Requestor's Name/Business Name:	
Address:	City/Zip:
Email:	Phone:
For questions contact (name/phone):	

Return payment and completed ***Campground Inspection Request form*** to:

Mailing Address:

Public Health – Muskegon County
141 E Apple Avenue
Muskegon, MI 49442

Physical Address:

Public Health – Muskegon County
1903 Marquette Avenue
Muskegon, MI 49442

By signing this form, I hereby certify that all of the information provided by me on this form is true to the best of my knowledge and I have read and understand the application instructions. I also understand that there will be a fee for any returned checks as well as a processing fee for any evaluation cancelations. By paying online for the service, I understand that I am signing this agreement electronically, and that my electronic signature is the legal equivalent of my manual signature for the purposes of validity, enforceability and admissibility.

Signature: _____ Date: _____

Disclaimer Statement: Muskegon County, its departments, boards, offices, agents, and employees, including, without limitation, Public Health-Muskegon County, are not responsible for any loss allegedly due to any act in connection with the service requested.

Date Received	Received By	Amount Paid/Check #	Receipt #
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