



SEASONAL HOUSING INSPECTION REQUEST FORM

Date: _____

I request a Seasonal Housing Inspection prior to the arrival of the workers.
I have enclosed a cheque in the amount of \$90.40 (\$80+13% HST) for **EACH** housing address.

Name: _____

Mailing Address: 911#: _____ Road/Line Name: _____

City/Town: _____ Postal Code: _____

Primary Phone #: (519) _____ Alternate #: (519) _____

Email: _____ Email My Documentation: Yes No

Location of the Migrant Worker Housing:

911 #: _____ Road/Line Name: _____

Lot: _____ Concession: _____ Township/Municipality: _____

Approximate Arrival Date of Workers: _____

Number of Workers Requested: _____

Note: Inspection by the Public Health Inspector must take place three (3) weeks prior to the workers arrival. The water source must be available at the time of inspection.

Requested date for inspection by Public Health Inspector: _____

Please indicate which liaison office the workers are coming from:

- Jamaican Liaison Office (416) 733-4260
- Barbados Liaison Office (416) 214-9826
- Eastern Caribbean Liaison Office (416) 222-3830
- Trinidad & Tobago Liaison Office (905) 897-3063
- Mexican Liaison Office (416) 368-9384

**Disclaimer: SWPH does not enforce the Ontario Building or Ontario Fire Codes.
For these inquiries, please contact your local municipal inspectors.**

The Personal Information on this Seasonal Housing Inspection Request Form is collected under the authority of the *Health Protection and Promotion Act* and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical/research purposes. Any questions about the collection of this information should be directed to: SWPH Privacy Officer, Southwestern Public Health 1230 Talbot Street, St. Thomas, ON N5P 1G9, (519) 631-9900; Fax: (519) 633-0468

Date of Completed PHI Inspection: _____ Max. Number of Workers: _____

Approved: Yes No Approving Inspector: _____

Payment Received: Yes No Date Received: _____ Amount: _____

Receipt #: _____ Book #: _____ Receipt Given: Yes Date: _____

FARMS Notified: Yes Date: _____ ESTPH Letter Sent : Yes Date: _____