

## TANNING FACILITY REGISTRATION/MONITOR

Registration No. \_\_\_\_\_ Sanitarian Code \_\_\_\_\_ Action Code \_\_\_\_\_

**Purpose:**

- Regular 1     Follow-up 2     Complaint 3     Survey 4     Other 5

COUNTY: \_\_\_\_\_ DATE: \_\_\_\_\_

TO: \_\_\_\_\_

(Name and Title of Owner)

(Firm Name)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### The following violations to KRS 217.926

Report received by: \_\_\_\_\_ Title \_\_\_\_\_ Inspector: \_\_\_\_\_

The above listed violations have been discussed with me and I agree to correct these listed violations within \_\_\_\_\_ days from this date: \_\_\_\_\_

Signature of Owner \_\_\_\_\_

