



**Application Requesting Access to Information Related to  
Restaurant and Slaughterhouse Facilities  
Under Authority of *The Food Safety Regulations***

<b>Last Name</b>	_____	<b>First Name</b>	_____
<b>Mailing Address</b> (Include Postal Code)	_____ _____ _____		
<b>Phone #</b>	_____	<b>Work #</b>	_____
<b>Fax #</b>	_____	<b>Cell #</b>	_____

I hereby request information for the following facility:

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**Name and address of the facility**

I understand that an **application fee of \$30.00** is to accompany the application for information on each facility and that an application is limited to **one facility**. Please see page 2 for payment details.

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Signature of Applicant

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Date

**Notes:**

- Restaurant and Slaughterhouse facility information includes: licencing information, information related to investigations of complaints, illness or injury related to food, contents of any order, contents of any inspection report, information related to orders issued or enforcement action taken, and/or any charges laid or convictions under The Public Health Act, 1994.*
- In accordance with Part IV of The Food Safety Regulations, the information provided will cover matters with respect to a period commencing on the day that is 3 years before the date of the application.*
- Information related to an active investigation or court action is not subject to access.*
- Applicant can expect to receive requested information within 30 days.*

*(For SHA office use only)*

<b>Date Application Received:</b>	_____
<b>Receipt Number:</b>	_____
<b>Date Information Sent:</b>	_____

## Payment Information

Credit Card Number                      Expiry Date              3 Digit Code on Back of Card              Name on Credit Card

Do you want your receipt mailed to you?    YES              NO    **\*\* please note – receipts will NOT be emailed**

Address for receipt:

**Methods of payment accepted:**

- Visa or Master Card (*email to local office below*)
- Other (*Please contact local office below*)

**Credit card information will not be kept on file**

Office Location	Telephone	Email
La Ronge	306-425-8512	<a href="mailto:healthinspectors@pophealthnorthsask.ca">healthinspectors@pophealthnorthsask.ca</a>
Melfort	306-752-6310	<a href="mailto:publichealth@kthr.sk.ca">publichealth@kthr.sk.ca</a>
Moose Jaw	306-691-1500	<a href="mailto:phi@fhhr.ca">phi@fhhr.ca</a>
North Battleford	1-888-298-0202	<a href="mailto:PublicHealthInspection@pnrha.ca">PublicHealthInspection@pnrha.ca</a>
Prince Albert	306-765-6600	<a href="mailto:public.health.inspection@paphr.sk.ca">public.health.inspection@paphr.sk.ca</a>
Regina	306-766-7755	<a href="mailto:eph.regina@saskhealthauthority.ca">eph.regina@saskhealthauthority.ca</a>
Rosetown	306-882-2672 Ext. 3 then option 2	<a href="mailto:Public.Health@hrha.sk.ca">Public.Health@hrha.sk.ca</a>
Saskatoon	306-655-4605	<a href="mailto:PHIOC@saskatoonhealthregion.ca">PHIOC@saskatoonhealthregion.ca</a>
Swift Current	306-778-5280	<a href="mailto:phis@cypressrha.ca">phis@cypressrha.ca</a>
Weyburn	306-842-8618	<a href="mailto:PubHealthInspection@schr.sk.ca">PubHealthInspection@schr.sk.ca</a>
Yorkton	306-786-0600	<a href="mailto:PublicHealthInquiries@shr.sk.ca">PublicHealthInquiries@shr.sk.ca</a>