



P.O. Box 2000 Lubbock, TX 79457
2015 50th St. Lubbock, TX 79412

Office (806) 775-2928

www.mylubbock.us/eh
environmentalhealth@mylubbock.us

The City of Lubbock Environmental Health Department will soon offer online invoicing and payments. Facilities will be able to view current and past invoices, payments, and inspections. In an effort to make this transition the department is updating its records on all facilities and accounts. Please complete and submit the attached form below. Digital submission is preferred.

This form is available at: www.mylubbock.us/eh

Form may be submitted to: Environmentalhealth@mylubbock.us

DATE: _____

FACILITY INFORMATION

Facility Name:

Facility Phone:

Address:

Facility email:

Website:

Emergency Contact information; must be answered 24 / 7

Name/Title:

Phone:

BILLING INFORMATION

****This will be the address your invoice will be mailed/emailed to****

Billing Name:

Billing Phone:

Address:

Billing email:

Website:

Contact Name:

OWNER INFORMATION

Owner Name:

Owner Phone:

Address:

Owner email:

Website:

Owns/has owned additional COL permitted facilities

Owner or Responsible Representative
Read and Initial:

_____ Permits are issued for 1 calendar year and will expire in 12 months from issue date. Failure to renew your permit before the expiration date could result in legal action and a late payment penalty of \$65.00 or more.

_____ **Invoices are mailed the month of expiration date to the billing address you provided above.** Please check to ensure the address you provided is correct. It is your responsibility to pay your invoice in a timely manner even if invoice is not received.

_____ Correct email addresses are required for digital delivery of invoices and for online payments. Emails from this department may appear in spam/junk folder.

_____ If any of your information changes or you close your business you must notify our office immediately. You are responsible for submitting payment on time.

_____ Permits issued by the City of Lubbock Environmental Health Department may be suspended for non-compliance with local, state, and federal ordinances, rules, and laws.

_____ I, the undersigned, certify that I have reviewed this application and to the best of my knowledge the above information is correct and I agree to comply with the ordinances, rules and regulations of the City of Lubbock, governing the type of business as indicated above.

PRINT: _____

Date: _____

SIGNED: _____