

Tarrant County Game Room  
 Enforcement Unit  
 1813 Cold Springs Rd.  
 Fort Worth, Texas 76102



Phone: 817- 884 - 3369  
 Fax: 817- 884 - 3393

## Request for Inspection

**Important: Please print legibly and complete all requested information below. Incomplete requests will not be accepted.**

| Business Information                        |  |   |
|---|--|---|
| Business Name:                              |  |   |
| Address:                                    |  |   |
| City:                                       | State:   | ZIP Code:                                 |
| Contact Name:                               |  | Contact Phone #:                          |
| Email:                                      |  |   |
| Property Owner:                             |  |   |
| Owner Address:                              |  |   |
| City/State/ZIP:                             |  | Contact Phone #:                          |
| Business Type                               |  |   |
| <input type="checkbox"/> Existing Business  |  | <input type="checkbox"/> New Business     |
| <input type="checkbox"/> Game Room          | <input type="checkbox"/> Convenience Store       | <input type="checkbox"/>                  |
|   |  |   |
|   |  |   |
| Inspection Type                             |  |   |
| <input type="checkbox"/> Initial Inspection | <input type="checkbox"/> Second Inspection       | <input type="checkbox"/> Third Inspection |
| <input type="checkbox"/> Annual             | <input type="checkbox"/> Suspension / Revocation | <input type="checkbox"/> Other:           |
| Applicant Signature                         |  |   |
| Print Name:                                 |  | Title:                                    |
| Signature:                                  |  | Date:                                     |

|                        |                     |                       |
|------------------------|---------------------|-----------------------|
| <b>Office Use Only</b> |                     |                       |
| Permit number: _____   | Date received _____ | Date completed: _____ |
| Receipt# _____         | Check # _____       | Other# _____          |
| Received by: _____     |                     |                       |