

AUTHORIZATION CONTRACT

Pursuant to 15A N.C.A.C 10, the parties *Name of County* County Health Department and *EHS NAME* enter into the following CONTRACT FOR *Name of Service*.

The parties are the *Name of County* County Health Department, *Address Here*, and *EHS NAME*, *Address Here*.

EHS NAME agrees to perform and the *Name of County* County Health Department agrees to pay her/him for inspections of *Name of Service*.

Pursuant to 15A N.C.A.C 10.0105 (b) (3), the parties agree that the original public records shall remain in the *Name of County* County Health Department for which the work is performed. *EHS NAME* shall leave the public records at the *Name of County* County Health Department or with an individual employed by the *Name of County* County Health Department who shall be responsible for returning said records to the *Name of County* County Health Department within two business days of the service provided.

Pursuant to 15A N.C.A.C 10.0105 (b) (4), the parties agree that the *Name of County* County Health Director is responsible for maintaining public records created by the *EHS NAME*.

Pursuant to 15A N.C.A.C 10.0105 (b) (5), *EHS NAME* agrees to be available for consultation to the public being served during usual business hours. The parties agree that *EHS NAME* will at times be available via telephone and facsimile machine.

Pursuant to 15A N.C.A.C 10.0105 (b) (6), *EHS NAME* agrees to be available for any hearing or other legal proceeding that may ensue from activities conducted by her/him.

Pursuant to 15A N.C.A.C 10.0105 (c), *EHS NAME* shall maintain a list of each activity and the date performed for review.

In consideration for the services set about above, the *Name of County* County Health Department will Pay *EHS NAME* Dollar amount of pay per hour for each hour worked.

EHS NAME, EHS

Date: _____

County HD Name, *Name of County* County Health Director

Date: _____