



REQUEST FOR AN INSPECTION OF A GROUP FACILITY

Name of facility: _____

Address of facility: _____

Facility telephone number: _____

Owner/Operator _____

Address _____

Telephone number _____

Contact Person, if different from above _____

Home capacity _____

Residential or day facility? _____

Days and hours of operation _____

Date current State license expires _____

Licensing Agency _____

The \$75.00 inspection fee must be included with this inspection request form.

For District Use			
Date received _____	Date inspected _____		
Fee paid \$ _____	Cash _____	Check# _____	Receipt # _____