

Receipt # \_\_\_\_\_  
 Date Paid \_\_\_\_\_ Amt. \_\_\_\_\_  
 Cash    Credit Card    Check# \_\_\_\_\_



**Austin/Travis County**  
**Health and Human Services Department**  
**Environmental and Consumer Health Unit**  
 15 Waller St., Austin, TX 78702  
 Phone (512) 972-5600 Fax (512) 972-5630

## REQUEST FOR CUSTODIAL CARE INSPECTION

In accordance with City of Austin Ordinance # 010910-5, an inspection will not be scheduled until a fully completed form has been submitted and fee has been paid.

Facility Type    Day Care    Group Residence    Foster Care    Adoption    Other

Inspection Type    New Facility    Annual Reinspection    One Time Inspection (Adoption Only)

Name of Facility \_\_\_\_\_

Name of Owner \_\_\_\_\_

Address of Facility \_\_\_\_\_  
Street City Zip Code

Name of Person to Contact for Appointment \_\_\_\_\_

Telephone Number to Contact for Appointment \_\_\_\_\_

Inspection Fee: \$60.00