



DALLAS COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Environmental Health Division

Philip Huang, MD, MPH
 Director

REQUEST FOR ANNUAL SANITATION INSPECTION
DALLAS COUNTY HEALTH AND HUMAN SERVICES

TO: ENVIRONMENTAL HEALTH DIVISION
DALLAS COUNTY HEALTH AND HUMAN SERVICES

FROM: _____
Name of Person Requesting Inspections, Title

Name of Day Care Facility

Address **City, State, Zip**

Telephone Number

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of Licensing Representative

Date of Last Inspection

Age Range of Children

***Licensed Capacity**

FOR: Annual Sanitation Inspection

***(Inspection fee \$2.00 per authorized child based on capacity)**

PLEASE REQUEST A HEALTH INSPECTION IF ANY CHANGES OCCUR AT YOUR FACILITY. (ADD-ONS/UPGRADE, INCREASE/DECREASE IN CHILD CAPACITY, ETC.) WE CAN ONLY ACCEPT EXACT CHANGE, MONEY ORDERS, CASHIER'S, COMPANY, OR PERSONAL CHECKS. PLEASE WRITE SEPARATE CHECKS FOR EACH CENTER.

AMOUNT: _____ CASHIER'S CHECK/MONEY ORDER # _____

DATE SUBMITTED: _____ NEW FACILITY: _____ YES _____ NO

Please remit payment to Dallas County Health and Human Services, Environmental Health Division, 2377 N. Stemmons Fwy., 6th FL, Dallas, TX 75207.

NOTE: ALL PAYMENTS MUST BE MADE PAYABLE TO DALLAS COUNTY HEALTH AND HUMAN SERVICES.

2377 Stemmons Freeway
 Suite 609 - LB12

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