



**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 Inspection Operation #

Name of Day Care Facility

Address City, State, Zip

Telephone Number E-mail Address

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of Licensing Representative

Date of Last Inspection

Age Range of Children

*Licensed Capacity

***(Inspection fee is \$3.00 per authorized child based on capacity, if this a New Facility please provide proper documentation that can verify the licensed capacity.)**

**PLEASE REQUEST A HEALTH INSPECTION IF ANY CHANGES OCCUR AT YOUR FACILITY. (ADD-ONS/UPGRADE, INCREASE/DECREASE IN CHILD CAPACITY, ETC.)
ALL CHECKS, MONEY ORDERS, AND CASHIER'S CHECKS ARE TO BE MADE PAYABLE TO: DALLAS COUNTY.**

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