

Office Use Only

Date Received _____ Amt \$ _____ Check # _____

Received By _____ Receipt # _____ Permit # _____



Austin/Travis County Health and Human Services Department

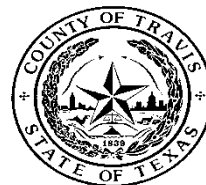
Environmental Health Services Division

P.O. Box 1088 Austin TX 78767

Phone (512) 978-0300 Fax (512) 978-0322

<http://www.austintexas.gov/department/food-establishment-requirements>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance
(No Mail Accepted here)



Request for Custodial Care Inspection

In accordance with City of Austin Ordinance # 010910-5 inspections will not be scheduled until fees have been paid and this form has been completed.

Facility Type Day Care Group Residence Foster Care Adoption Other

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

Name of Facility _____ **Phone Number** _____

Address of Facility _____
Street City Zip Code

Name of Owner _____ **Phone Number** _____

Contact Person for Appointment _____ **Phone Number** _____

City of Austin and Contracted Municipalities

\$60 Inspection Fee for each inspection conducted

Travis County

no fees

No refunds for any reason after 180 days from receipt of payment.

Fee payable to Austin-Travis County Health and Human Services Department (ATCHHSD) Mail to:
EHSD Custodial Care • PO Box 1088 Austin, TX 78767