**WEBER-MORGAN HEALTH DEPARTMENT**

**Environmental Health**

**477 23rd Street, Ogden, UT 84401**

**Telephone: 801- 399-7160**

**REQUEST FOR SERVICES**

**APPLICATION FOR CHILD CARE INSPECTION**

**Please Print:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM:**

\_\_\_\_Residential Certificate

\_\_\_\_Licensed Family Child Care

\_\_\_\_Child Care Center

\_\_\_\_Hourly Child Care Center

\_ INCA

Remit **$60.00 fee** for inspection. Make checks payable to Weber-Morgan Health Department.

MAIL OR DELIVER TO: Weber-Morgan Health Department

477 23rd Street

Ogden, Utah 84401

Upon receipt of application and payment, an Inspector will contact you and conduct an inspection. A "Letter of Approval" will be mailed to you after a satisfactory inspection report is filed at this Department.

**FOR OFFICE COMPLETION:**

**DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FEE PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASSIGNED TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**