

**DAYCARE FACILITY/HEALTH CARE FACILITY/FOSTER HOME/GROUP HOME
INSPECTION REQUEST APPLICATION**
3219 California Pkwy, Forest Hill, TX 76119
Phone: (817) 806-4561 Fax: (817) 984-8254



Form must be fully completed. Please print.

Date: _____

Request for Inspection of: (check one only)

Daycare Facility: Healthcare Facility: Foster Home: Group Home:

Person making request is: (check one only)

Owner: Owner Designee:

Name: _____

If "Owner Designee" selected above, provide name of owner: _____

Property Address: _____

Mailing Address (if different from property address): _____

Phone number: _____

Email address: _____

Driver's License or ID#: _____

Inspection Type: _____

Requested Time of Inspection:

Morning (9:00am-11:00am) _____ Afternoon (2:00pm-4:00pm) _____

****You must be present at the property for the inspection*

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OR LAWS AND ORDINANCES COVERING THIS TYPE OF INSPECTION WILL BE COMPLETED WHETHER SPECIFIED HEREIN OR NOT.

Applicant Signature: _____

Date: _____

City of Forest Hill - Approved By: _____

Date: _____