**BELL COUNTY PUBLIC HEALTH DISTRICT**

**FOSTER HOME INSPECTION REQUEST**

*Effective, April 1, 2012*

FEE DATE PAID REC #

$30.00 \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

ASSIGNED TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSPECTED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal Information *PLEASE PRINT* | | | | |
| Name (Last, First): | | | | Date: |
| Home Address: | | | | |
| City: | | | State: | Zip: |
| Home Phone: | | | Cell Phone: | |
| Email: | | |  | |
| **PLEASE SIGN** *I understand that this inspection fee is non-refundable.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | |
|  | | | | |
| **SPECIAL REQUESTS:**  **NOTES:**  **DIRECTIONS:**  **MAP INCLUDED – YES / NO** | |  |

***Temple Office 2905 W Adams, Temple, TX 76504 PHONE 254.771.2106 FAX 254.778.8251***

***Killeen Office 309 North 2nd, Killeen, TX 76541 PHONE 254.526.3197 FAX 254.526.3317***