



REQUEST FOR INSPECTION OF A RESIDENTAL CARE FACILITY

Today's Date: _____

Name of Facility: _____

Address: _____

Licensing Agency: _____

License Renewal Date: _____

Owner/Contact Person: _____

Phone number: _____

Email: _____

Sewage Disposal: Municipal Septic
Water Supply: Municipal Well Water Sample Needed

Our inspections are intended to be unannounced inspections. To assure that someone will be at your home when we arrive to conduct our inspection, what dates/times will someone be available at this site?

Requesting person: _____

Requesting person's cell phone number: _____

Special Instructions or Comments:

Signature of Owner or Authorizing Agent

Printed Name

By signing this application form, I have the authority and am requesting that the OCHD conduct a residential care inspection and authorize them to enter the property to perform the requested service.