

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 **\$49.00 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: _____