

**WEBER-MORGAN HEALTH DEPARTMENT**  
**Environmental Health**  
**477 23<sup>rd</sup> 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 23<sup>rd</sup> 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.

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**FOR OFFICE COMPLETION:**

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

**FEE PAID:** \_\_\_\_\_

**ASSIGNED TO:** \_\_\_\_\_