

**WEBER-MORGAN HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
477 23RD STREET
OGDEN, UT 84401
801-399-7160
REQUEST FOR SERVICES
APPLICATION FOR GROUP HOME INSPECTION**

Facility _____

Address _____

Manager _____ **Email** _____

Phone Number _____

Signature

Date

**MAIL OR DELIVER TO: Weber-Morgan Health Department
Environmental Health
477 23rd Street
Ogden, UT 84401**

Upon receipt of application and payment of \$60.00 fee, a Licensed Environmental Health Scientist will contact you and conduct an inspection.

FOR OFFICE USE ONLY

DATE RECEIVED: _____

FEE PAID: _____

ASSIGNED TO: _____