

**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: \_\_\_\_\_

Number of individuals to be cared for\* \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This application is only for facilities that provide care for up to 16 individuals. Weber-Morgan Health Department's Food Service Sanitation Regulation governs food service in a facility that provides care for more than 16 individuals.

**PROGRAM:**

\_\_\_\_ INCA                                      \_\_\_\_ Licensed Family Child Care  
\_\_\_\_ Child Care Center                      \_\_\_\_ Hourly Child Care Center

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.



**FOR OFFICE COMPLETION:**

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

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

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