

**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 _____ Phone Number _____

Email _____

Number of individuals to be cared for* _____

Signature

Date

*** This application is only for facilities that provide care for up to 12 individuals. Weber-Morgan Health Department's Food Service Sanitation Regulation governs food service in a facility that provides care for more than 12 individuals.**

**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: _____