

**WEBER-MORGAN HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION  
477 23<sup>RD</sup> 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 23<sup>rd</sup> Street  
Ogden, UT 84401**

**Upon receipt of application and payment of \$70.00 fee, a Licensed Environmental Health Scientist will contact you and conduct an inspection.**

**FOR OFFICE USE ONLY**

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

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

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