

Office Use Only

Date Received _____ Amt \$ _____ Check # _____

Received By _____ Receipt # _____ Permit # _____



Austin/Travis County Health and Human Services Department

Environmental Health Services Division

P.O. Box 142529 Austin TX 78714

Phone (512) 978-0300 Fax (512) 978-0322

<http://www.austintexas.gov/department/food-establishment-requirements>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance
(No Mail Accepted here)



Request for Custodial Care Inspection

In accordance with City of Austin Ordinance # 010910-5 inspections will not be scheduled until fees have been paid and this form has been completed.

Facility Type ___ Day Care ___ Group Residence ___ Foster Care ___ Adoption ___ Other

Inspection Type ___ New Facility ___ Annual Reinspection ___ One Time Inspection (Adoption Only)

Name of Facility _____ **Phone Number** _____

Address of Facility _____
Street City Zip Code

Name of Owner _____ **Phone Number** _____

Contact Person for Appointment _____ **Phone Number** _____

City of Austin and Contracted Municipalities

\$60 Inspection Fee for each inspection conducted

Travis County

no fees

No refunds for any reason after 180 days from receipt of payment.

Fee payable to Austin-Travis County Health and Human Services Department (ATCHHSD) Mail to:
EHSD Custodial Care • PO Box 142529 Austin, TX 78714