Office Use Only

Date Received _____ Amt Paid $ _____ Check # _____ Receipt# _____

Received By _____ Parent _____ ROW _____

AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
P.O. Box 142529 Austin TX 78714
Phone (512) 978-0300 Email: EHSD.Service@austintexas.gov

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 Re-inspection ☐ One Time Inspection (Adoption Only)

Name of Facility _____Phone Number_____

Address of Facility _____
Street City State Zip Code

Name of Owner _____Phone Number_____

Contact Person for Appointment _____Phone Number_____

City of Austin and Contracted Municipalities
$106 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 • P.O. Box 142529 Austin, TX 78714