

**Office Use Only**

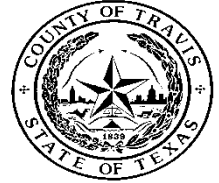
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**AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION**

PO Box 142529 Austin TX 78714  
Phone (512) 978-0300; Fax (512) 978-0322



<http://www.austintexas.gov/departement/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 • PO Box 142529 Austin, TX 78714**