



## **BRAZOS COUNTY HEALTH DEPARTMENT**

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### **REQUEST FOR SANITATION INSPECTION** **(DAYCARE)**

DATE: \_\_\_\_\_

NAME OF DAYCARE CENTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE, ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

FEE (Cash or Local Check Only): \$60.00