



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: \$75.00 CASH OR LOCAL CHECK ONLY