ANNUAL INSPECTION REQUEST FORM

"ONLY FOR LOCAL JURISDICTION"

Please "CHECK" one of the following

* FEE – $ 51.50 (TECHNOLOGY FEE INCLUDED)
  ○ Day Care Child (Children) (Less than 12 children)

* FEE – $ 103.00 (TECHNOLOGY FEE INCLUDED)
  ○ Adult Day Care  ○ Day Care (More than 12 children)
  ○ Foster Children/Adult
  ○ Group Care/Assisted Living
  ○ Halfway House/M.H.M.R

* FEE – $154.50 (TECHNOLOGY FEE INCLUDED)
  □ Bonded Warehouses/Other Similar Occupancies
  □ Clinic  □ Physical Therapy
  □ Massage Therapy  □ Rehabilitation
  □ Laboratory

* $3.09 PER BED (MIN. $206.00) (TECHNOLOGY FEE INCLUDED)  MAXIMUM $1500
  □ Nursing Facility  □ Hospital

Inspections are between 7:00 am and 5:00 pm, Mon-Fri. (No specific time will be given at time of scheduling)

Name of Facility/Provider: ____________________________

Contact Name: ____________________________ Phone#: __________________

Address of Inspection: ____________________________ Zip Code: ____________

Requested date of Inspection for Foster/Day care: ________________________

*All fees are subject to a 3% technology surcharge

CMM 1/09