CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT
1901 S. Alamo San Antonio, TX 78204
Phone (210) 207-8780 Fax (210) 207-6359

REQUEST FOR UNLICENSED/UNREGULATED CUSTODIAL CARE INSPECTION

(Please Print)

Today's Date: _____

Name of Applicant: _____

Name of Establishment: _____

Type of Inspection: _____

Address of Inspection: _____

City, State: _____ Zip: _____

Telephone No: Home: _____ Work: _____

Alternate No: _____

Email Address: _____

_____ _____
Signature of Applicant *Date*

May be asked to show proof of identification

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FOR OFFICE USE ONLY

FEE: $61.80 each

District Referred To: _____

Date Inspection Scheduled: _____

Appointment Time: _____

Please call (210) 207-0135 for questions or to reschedule.

Revised 10/01/16