



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***

FOR OFFICE USE ONLY

FEE: \$46.35 each

District Referred To: _____

Date Inspection Scheduled: _____

Appointment Time: _____

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