



# Residential Care Facility Inspection Request

**Business Name:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Inspections are performed at the request of the Residential Care/Child Care facility in accordance with Utah Administrative Code R392-110.
- No permits are associated with this request form, or with the subsequent inspection.

### Office Use Only

**Residential Care Facility Inspection:  \$125**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Payment Method:  Cash  Check #: \_\_\_\_\_  Credit Card