



## DURHAM COUNTY ENVIRONMENTAL HEALTH Service Request Form

\_\_\_\_\_ Residential Care Facility Inspection Scheduling Request  
New Facility\_\_\_\_\_ New Management \_\_\_\_\_

*Please note: scheduling may take up to 30 days from the date of request.*

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### Please Complete The Following Information:

*Please Print*

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

Applicant Telephone: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Site Manager \_\_\_\_\_ Site Telephone (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Water Supply:** Well or City **Waste Disposal:** Septic System or City

Dates of Last Inspection \_\_\_\_\_

Inspections are *only conducted once in each 12 month period.*

Number of Residents: \_\_\_\_\_

Permittee: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_