

## DURHAM COUNTY ENVIRONMENTAL HEALTH Residential Care Service Request Form

Existing Facility	New Management
New Facility	_
Other Facility, please describe	

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

Return this request to <a href="https://healthinspector@dconc.gov">healthinspector@dconc.gov</a> or fax 919-560-7830

## **Please Complete The Following Information:**

		Please	Print	
Date of Last Inspe	ection			Number of Residents:
Applicant Name:				
Applicant Telepho		Cell: <u>(</u>	)	
Email:				
Establishment Na	me:			
				Telephone ()
Physical Address:	Street			
				Zip:
Water Supply:	Well	City		
Waste Disposal:	Septic System	City		
Permittee:		Phone:	()	
Mailing Address (	if different):			
Signature of App	olicant:		Date	

