

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 healthinspector@dconc.gov or fax 919-560-7830

Please Complete The Following Information:

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

