

**BELL COUNTY PUBLIC HEALTH DISTRICT
FOSTER HOME INSPECTION REQUEST**

Effective, April 1, 2012

FEE	DATE PAID	REC #
\$30.00	_____	_____
ASSIGNED TO	_____	
INSPECTED BY	_____	

PERSONAL INFORMATION

PLEASE PRINT

Name (Last, First):

Date:

Home Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

PLEASE SIGN *I understand that this inspection fee is non-refundable.*

Signature

Date

SPECIAL REQUESTS:

NOTES:

DIRECTIONS:

MAP INCLUDED – YES / NO

**Temple Office
Killeen Office**

**2905 W Adams, Temple, TX 76504
309 North 2nd, Killeen, TX 76541**

**PHONE 254.771.2106 FAX 254.778.8251
PHONE 254.526.3197 FAX 254.526.3317**