

**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 Ave., 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*