



735 S 200 W STE 2 • PO Box E
Blanding, UT 84511
Phone: (435) 359-0038
Fax: (435) 213-2803

APPLICATION FOR CHILD CARE FOOD SERVICE INSPECTION

PLEASE PRINT:

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Type of Inspection Requesting:

Licensed Family

Licensed Family Group

Residential Certificate

Signature of Applicant

Date

Inspection is by appointment only. Please allow up to 5 (five) business days for completion of inspection.

OFFICE USE ONLY

Receipt Number: _____ Date: _____

E.H. Scientist: _____ CDP#: _____