

CHILD / DAYCARE INSPECTION APPLICATION
(PLEASE PRINT)

NAME: _____

LOCATION: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE #: () _____ EMERGENCY #: () _____

OWNER: _____

OPERATOR/DIRECTOR: _____

OF CHILDREN: _____ # OF STAFF _____

HOURS OF OPERATION: _____ TO _____

WATER SUPPLY: _____ PRIVATE _____ PUBLIC

SEWAGE FACILITIES: _____ PRIVATE _____ PUBLIC

WEEK OF INSPECTION: _____

SIGNATURE: _____ TITLE _____

PRINT NAME: _____ DATE: _____

MUST ACCOMPANY THE COMPLETED APPLICATION FORM:

- **CHECK OR MONEY ORDER IN THE AMOUNT OF \$ 75.00
PAYABLE TO: ALBANY COUNTY DEPARTMENT OF HEALTH**

If you have any questions please contact our Department at:
DIVISION OF ENVIRONMENTAL HEALTH SERVICES:
Phone - 518-447-4625 FAX: 518-447-4698