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Public Health Director



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CITY OF MANCHESTER
Health Department

**DAY CARE FACILITY
REQUEST FOR INSPECTION**

Name of Facility: _____

Address: _____ Telephone: _____

Owner: _____ Home Telephone: _____

Type of facility: (Please check one)

Family Day Care: (≤ than 6 children)\$30.00

All other types of child care facilities with (> than 6 children)\$50.00

Number of children: _____ New License: _____ Renewal: _____

Signature: _____ Date: _____

Environmental Health Specialist: _____ Date: _____

Facilities which hold a valid Class III Food Establishment Permit from the Manchester Health Department are exempt from this inspection fee.

PAYMENT MUST ACCOMPANY THIS REQUEST FOR INSPECTION