



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

Daycare or Group Home Inspection Application

Please mail this application along with the \$70 fee (payable to EHHD)
to the Mansfield office at the above address.
The staff sanitarian assigned will contact you to schedule an appointment.

*Inspections will not be performed unless the fee has been
received at the Mansfield office prior to the inspection date.*

Daycare/Group Home: _____

Contact Person: _____

Address: _____
(street, town, state & zip)

Mailing Address: _____
(street, town, state & zip)

Phone Number: _____ Fax Number: _____

Email: _____

| | |
|-----------------------|-------|
| EHHD USE ONLY: | |
| DATE PAYMENT RECEIVED | _____ |
| PAYMENT AMOUNT\$ | _____ |
| CHECK NO./CASH | _____ |
| RECEIPT NO. | _____ |

May 4, 2010