

## **ASPETUCK HEALTH DISTRICT**

180 Bayberry Lane, Westport, CT 06880-2855 *Telephone: (203) 227-9571 - Fax: (203) 221-7199* 

Fee: \$110.00 Fee is Non-Refundable

## APPLICATION FOR INSPECTION OF CHILD DAYCARE FACILITY FOR STATE LICENSURE

Date of Application:		
Day Care Center Name:		
Address:		
Telephone ( )		)
Water Supply: Public Water  Private Well		
Sewage Disposal: Public Sewer   Septic System		
Name of Applicant (Type or Print)		Signature of Applicant
The Aspetuck Health District (AHD) agrees to condupart of the State of CT daycare licensing requireme to keep you informed of product and food recalls at	nts. Providin	ng an e-mail address will allow the AHD
The AHD has an ongoing partnership between the conformation and is available as a resource when new investigations and follow-ups as required.		
Health Distr	rict Use Only	<i>(</i>
Comments:		
Approved by:		
Sanitarian		Date Date