



Eastern Highlands Health District

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

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### Daycare or Group Home Inspection Application

Please mail this application along with the \$95 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. _____

REVISED May 12, 2016