



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 \$105 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 June 29, 2017