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ehealth@amarillo.gov



Receipt # _____

Date Paid _____

Amarillo Area Public Health District

Application for an Environmental Health Inspection

Name of Foster Home: _____

Address of Facility: _____

Person requesting inspection: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Contact number: _____

Sewer Service City Sewer On-Site Sewage Facility

Water Supply City Water Private/Public Well (A water sample must be conducted before inspection)

Inspection Fees: See current FY fee schedule

Applicant's signature _____

Inspection will be scheduled within 10 days of receipt of application and payment

Mail Application and Permit Fee To
Environmental Health Department
PO Box 1971
Amarillo, TX 79105-1971

Physical Address
Environmental Health Department
808 S. Buchanan
Amarillo, TX 79101