

## Somerset County Health Department

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Health Officer: Danielle Weber, MS, RN

## **Sanitary Survey Application**

Fee: \$150

Please Check One:	□Adoption	Number in Family:		
	□ Day Care	Number of Childre	n:	
	□Foster Care			
	Phone:			
Street Address:				
City, State, Zip Code:				
Water Supply:	□Public	□Private		
Sewage Disposal:	□Public	□Private		
Trash Disposal:	□Public	□Private		
Milk Supply:	Purchased from			
Food Refrigeration:		Box/Cooler □Ot	her	□N/A
Heating System:	□Gas/Oil Furnace	□Heat Pump	Baseboard	
	□Wood/Coal Stove □Kerosene Stove			
Bedrooms:	Number of Bedrooms: Number of Sleeping/Napping Spaces:			
Pets/Animals:	Number of Pets: Rabies Vaccination Expiration:			
				-
Signature of Applicant:			Date:	
Requesting Agency:				