



Environmental Health

FOSTER/ADOPTION LICENSE APPLICATION

PLEASE FILL OUT ALL INFORMATION:

RESIDENT NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DRIVERS LICENSE# (ATTACH CURRENT COPY): _____

PHONE: _____ EMAIL: _____

FOSTER AGENCY INFORMATION: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ EMAIL: _____

AGENCY CONTACT PERSON: _____

FIRE INSPECTION \$50.00
HEALTH INSPECTION \$50.00

All of the information contained in this application is true and correct to the best of the applicant's knowledge and belief. Applicant acknowledges that the permit applied for shall be subject to all provisions of the orders and ordinances of the City of Schertz.

Applicant Signature: _____ **Date:** _____

Office use only-Permit#: _____ Date Pd.: _____ Ck/CC

Inspection Date: _____ Time: _____