



City of McAllen
Environmental & Health Code Compliance
PO Box 220
McAllen, TX 78501-0220
(956) 681-1900
Fax: (956) 681-1918

Foster Home Application

Permit #: _____ **PLEASE PRINT**

DATE PAID: _____ ID PROVIDED: _____

LAST NAME: _____

FIRST NAME AND INTL: _____

HOME ADDRESS: _____

HOME CITY/STATE/ZIP CODE: _____

HOME PHONE NO.: _____

EMAIL ADDRESS: _____

PETS IN HOME? _____ IF YES, HOW MANY? _____
(MUST ATTACH COPY OF CURRENT VACCINATION RECORDS PRIOR TO INSPECTION)

BY MAKING APPLICATION FOR FOSTER HOME INSPECTION, I DO HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

THIS APPLICATION WILL REMAIN IN THE CITY OF MCALLEN HEALTH DEPARTMENT FILES.

For office use only:

Inspection scheduled to inspector: _____ on _____