



Funeral Home Inspection Application

Enclose the following documents: ___ application ___ copy of Driver License ___ \$50 inspection fee. Please make check payable to NET Health and return the following to: ATTN: Environmental Health Department, 815 N. Broadway Ave. Tyler, TX. 75702.

The inspection fee of \$50.00 is due at the time of application. Subsequent inspections may be charged additional inspection fees to cover the cost of the service. Application must be made at least two working days prior to scheduling an appointment for inspection.

REASON FOR APPLICATION:

New Building: ___ Remodel of Existing Building: ___ Change of Owner: ___

ESTABLISHMENT INFORMATION:

Name of Funeral Home: _____

Street Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Fax: _____

OWNER INFORMATION:

Individual: ___ Partnership: ___ Association: ___ Corporation: ___

Business/Owner Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Email: _____

ATTACH LIST OF OWNERSHIP DOCUMENTATION DELINEATING ALL OWNERS/PARTNERS/PRINCIPALS/OFFICIALS OF BUSINESS

CONTACT INFORMATION:

Name: _____ Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

County: _____ Driver License Number: _____ DOB: _____

PLEASE CHECK THE TYPE OF SERVICE THAT IS MOST APPLICABLE:

Water Supply: Public ___ Private Well ___ Name of Water Utility District: _____

Wastewater Disposal: Public ___ Septic ___ Aerobic ___ Name of Utility District: _____

Signature: _____ Print Name: _____ Date: _____

-----OFFICE USE ONLY-----

Date: _____ Received by: _____

\$50.00 Payment Method: Credit: ___ Check Number: _____ Cash: ___ Deadline for Inspect. Completion: _____

District: _____ Inspector Assigned: _____ IR#: _____ Copy of D.L.: _____