



ANSON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

POST OFFICE BOX 473
WADESBORO, NORTH CAROLINA 28170



Public Health
Prevent. Promote. Protect.

Request for Evaluation of a
Residential Care Facility

1. Facility Address: _____
City: _____ Zip: _____
License Number _____ (if applicable) Maximum Capacity: _____
2. Contact Person Information:
Name: _____ Phone (day): (____) _____
Phone (cell): (____) _____ Fax: (____) _____
Email Address: _____
3. What dates/times someone will be onsite at the facility? _____

4. Type of License: Adult Care Home, Family Care Home, Mental Health, Maternity Home, Other _____
5. This request is for a: New facility Facility re-licensing
6. Sewage Disposal: Municipal Septic system
7. Water Supply: Municipal Private well
8. Supervising Agency (if applicable): _____
Supervising Agency contact number: (____) _____
9. Owner of Facility: _____
10. Comments: _____

Signature of Applicant: _____ Date _____
Name of Applicant (PRINT): _____ Applicant Phone Number: _____