School ISD Application for Inspection

Tarrant County Public Health - Environmental Health
Walk-in Address: 5001 N Riverside Dr Ste 105 Fort Worth TX 76137
Walk-in Address after Oct 1, 2025: 2500 Circle Dr. Fort Worth TX 76119
Mailing Address: TCPH Attn. Environmental Health 1101 S Main St Fort Worth TX 76104
Email: ph_information@tarrantcountytx.gov Phone: 817-248-6299

NAME OF SCHOOL NEEDING INSPECTION: _____

- This application will serve as notification to TCPH that you are requesting an inspection for a specified location
- ISD Requesting School Inspection must submit this application by June 30th for upcoming school year
- Must submit one application for each school needing inspections each year.
- Contact the specific city your business is operating within for any additional requirements prior to operation
- Review of application(s) documents may take up to 10 business days
- Incomplete applications will not be accepted
- Tarrant County Public Health Environmental Health Fee schedule can be found online at Environmental Health Fee Schedule (www.tarrantcountytx.gov/eh-fees)

School ISD Application for Inspection Checklist:

☐ School ISD Application for Inspection (1 application per school)

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Application Date: __/__/____ **Unincorporated Tarrant County** ☐ Yes ☐ No

Each application will apply only to a single school.
1 inspection per semester, must submit application by June 30 for upcoming school year

Establishment Information
Name of School:_____
Phone _____
Address:_____ City:_____
State:_____ Zip Code:_____ Location Email:_____
Days of operation:_____ Hours of Operation:_____

Requester Information
Name of Organization Requesting Inspection(s):_____
Phone (with area code):_____
Address:_____ City:_____
State:_____ Zip Code:_____ Email:_____

Billing/Mailing Information:
Contact Name:_____ Phone (with area code):_____
Address:_____ City:_____
State:_____ Zip Code:_____ Billing Contact Email:_____

Square Footage of Establishment (Food preparation, storage and service areas): _____

Applicant Name(print):_____ Signature:_____
Applicant Title ☐Owner ☐Authorized Agent

****ALL SECTIONS REQURING AN CHANGE MUST BE FULLY COMPLETED**