

Kaufman County Sheriff's Office  
Environmental Health

Foster/ Adoption License Application  
Inspection Fee: \$50.00

Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Agency Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_

I certify the above information is true and correct to the best of my knowledge. I also understand that it is my responsibility to notify the Kaufman County Sheriff's Office should any information change that will affect this license; failing to do so could potentially void any licensing issued by the Kaufman County Sheriff's Office.

\_\_\_\_\_  
Signature of Applicant Date

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Printed Name of Applicant

Inspection Appointment
Date: _____
Time: _____
To reschedule call:
Deputy Middleton 469-595-9278
or
Deputy Adams 469-595-6753