

ADMINISTRATIVE PENALTY FEE FORM

Name of Operation ordered to pay fee or Name of Residential Controlling Person ordered to pay fee:			
Operation Name (NA if listed above):		Operation No: (on the permit, if applicable):	Telephone Number: ____ - ____ - ____
Operation Street Address:	City:	County:	Zip:
			AMOUNT

Amount of Fee paid:
\$ _____

Make Payable To: Texas Dept. of Family and Protective Services	KEEP YOUR RECEIPT STUB OR CANCELED CHECK NO RECEIPT WILL BE SENT - <u>DO NOT SEND CASH</u>
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NOTE: This form must be attached to all payments submitted to DFPS accounting division. Payments received without this form may delay proper processing of your payment. If your payment is not properly processed it will be shown as unpaid and may result in DFPS referring the matter the attorney general for collection.

**RETURN ONLY THIS FORM WITH YOUR LICENSING FEE PAYMENT
ADDRESSED TO: DFPS Accounting Division E-672, P.O. Box 149030, Austin, Texas 78714-9030**