



Branded 1867  
re-established daily.

## RESTROOM AVAILABILITY LETTER

(Complete all parts of letter.)

TO: CITY OF CLEBURNE HEALTH DEPARTMENT:

I, \_\_\_\_\_, \_\_\_\_\_ OF THE FOLLOWING  
(person signing letter) (write "owner" or "manager")

BUSINESS: \_\_\_\_\_, \_\_\_\_\_ GIVE PERMISSION TO:  
(business' name) (business' address)

\_\_\_\_\_ OF \_\_\_\_\_  
(mobile food unit owner's name) (name of mobile unit)

AND HIS/HER EMPLOYEES, TO USE THE RESTROOM LOCATED WITHIN MY BUSINESS. THIS RESTROOM IS LOCATED WITHIN 200 FEET OF THE MOBILE FOOD UNIT.

Record address where unit will operate: \_\_\_\_\_

THE RESTROOM IS AVAILABLE ON THE FOLLOWING DAYS:

\_\_\_\_\_ AND HOURS: \_\_\_\_\_  
(state days of week) (state hours, including a.m. and p.m.)

THE CITY OF CLEBURNE HEALTH DEPARTMENT INSPECTOR HAS MY PERMISSION TO ENTER FOR INSPECTING THIS RESTROOM. THE RESTROOM HAS THE FOLLOWING FACILITIES:

-TOILET AND TOILET PAPER, HAND SINK WITH HOT AND COLD RUNNING WATER, SOAP AND, PAPER TOWELS OR HAND DRYER.

Printed name of business owner or manager: \_\_\_\_\_  
(first) (middle initial) (last)

Signature of business owner or manager: \_\_\_\_\_

Date of signature: \_\_\_\_\_

Signature of notary: \_\_\_\_\_