



CITY OF HOUSTON

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Consumer Health Services

832-393-5100

RESTROOM AVAILABILITY LETTER (Complete all parts of letter.)

TO: CITY OF HOUSTON 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 EMPLOYEES, TO USE THE RESTROOM LOCATED WITHIN MY BUSINESS. THIS RESTROOM IS LOCATED WITHIN 500 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 HOUSTON HEALTH DEPARTMENT INSPECTOR HAS MY PERMISSION TO ENTER FOR THE PURPOSE OF INSPECTING THIS RESTROOM. THE RESTROOM HAS THE FOLLOWING FACILITIES:

-TOILET AND TOILET PAPER, HAND SINK WITH HOT AND COLD 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: _____