

## CITY OF HOUSTON

DEPARTMENT OF HEALTH AND HUMAN SERVICES Bureau of Consumer Health Services 832-393-5100

## **PROPERTY AGREEMENT LETTER**: (Complete **all parts** of letter.) TO: CITY OF HOUSTON HEALTH DEPARTMENT

I,,				
(*person signing letter) (Write "owner" or "owner's agent")				
OF THE FOLLOWING PROPERTY:				
	(give address)			
GIVE PERMISSION TO:				
(name	(name of mobile unit owner)			
OF	,			
(name of unit)				
TO OPERATE HIS OR HER MOBILE F	FOOD UN	IT ON ABOVE ST	ATED PROPERTY.	
Property owner's name (if signer is not o	owner):			
Property owner's phone number:				
Property owner's address:				
Printed name of owner/representative: _				
	(first)	(middle initial)	(last)	
Signature of owner/representative:				
			(Date)	
Signature of notary:				

\*Note: Person signing letter must be the property owner or someone with the legal authority to authorize property use on behalf of owner (i.e. leasing agent or the contract authorizes sub-leasing of parking lot)