



CITY OF HOUSTON

Health & Human Services Department
8000 North Stadium Drive, Second Floor, Houston, TX 77054
Bureau of Consumer Health Services
Voice (832) 393-5100
Fax (832) 393-5208

Recognized Charitable Food Service Provider Program

PROPERTY AGREEMENT (Please print or type all information)

As the property owner or owner's lawful representative of that property located at

_____ ** I, _____ hereby give
(location of food service event) *(property owner or representative)*

permission to _____
(individual or organization)

to use said property to conduct charitable food service activities from

_____ through _____ ;
initial date *end date*

and _____ through _____ .
initial time *end time*

Signed:

Property Owner or Representative *Printed name* *Date*

Address *Telephone*

Email

Food Service Provider or Representative *Date*

Address *Telephone* ****To****

****To** complete a request to use a City of Houston Park, go to <http://www.houstontx.gov/parks/ourparks/index.html>. Find map of the selected park by clicking on the first letter of the park at the bottom of the page. You will be redirected to a listing of the parks. Print out a copy of the map and mark the desired location for feeding activities with an "X". Submit the map with the indicated location with the completed participation package.