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**CITY OF HOUSTON**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Consumer Health Services Bureau  
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 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: \_\_\_\_\_