



Environmental Health

AFFIDAVIT
Property – Location

I, _____, _____
(person signing letter) (Write "owner" or "owner's agent")

OF THE FOLLOWING PROPERTY: _____,
(property address)

GIVE PERMISSION TO: _____
(name of mobile food unit owner)

OF, _____,
(name of MFU)

TO OPERATE HIS OR HER MOBILE FOOD UNIT (MFU) ON ABOVE STATED PROPERTY.

Property owner's address: **(required)** _____

Property owner's phone number: **(required)** _____

Printed name of owner/representative: _____
(first) (middle initial) (last)

Signature of owner/representative: _____
(Date)

STATE OF _____ COUNTY OF _____

Subscribed and sworn by _____

before me on this _____ day of _____, 20_____.

(SEAL)

Signature of Notary Public or authorized official/officer

Printed name of Notary Public or authorized official/officer

My commission expires on ____/____/____

"Promoting healthy lifestyles, preventing disease, and protecting the health of our community"