



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"***