



RESTROOM AGREEMENT LETTER

Name of Mobile Food Facility Operation: \_\_\_\_\_

Owner: \_\_\_\_\_ CDL: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Location of Mobile Food Facility Operation: \_\_\_\_\_

This section is to be completed by the owner/operator of the facility, which will be used by the above named operation to use their restroom facilities. **This agreement is not valid until approved and signed by an authorized representative of Riverside County Environmental Health. This Department reserves the authority to revoke this agreement for cause at any time.**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Business Phone#: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Day(s) of the week when vendor will be using your restroom: \_\_\_\_\_

Time of day the vendor will be using your restroom: \_\_\_\_\_

The above named vendor has my permission to use my restroom facilities at the above stated facility. I agree to provide a functioning toilet, handwash sink with hot and cold running water, soap, paper towels or hand blow dryer for the vendor to use. I understand the facilities need for use of my restroom facilities is to prevent foodborne illness to its patrons.

I understand this agreement is between myself and Mr./Ms. \_\_\_\_\_, and that I shall notify the Department of Environmental Health, within 10 days of severance of this agreement, or when the above named individual has not used my restroom facilities for a period of 30 days.

I declare the information above to be accurate and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As an authorized representative of the Department, I am familiar with the above facility and have verified that it meets standards for a functioning restroom.

\_\_\_\_\_  
Signature of Environmental Health Specialist

\_\_\_\_\_  
Date