

Restroom Locations



Name of Vehicle: _____

Name of Vehicle Owner: _____ MFF Vehicle License Number _____

Name of Restroom Owner: _____ Restroom Owner Phone Number: (_____) _____

***Please indicate location of fully plumbed, approved restroom when MFF is parked and operating for more than one hour at a food vending location.**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<i>Restroom Location</i>						

All changes to the above schedule must be reported to Environmental Health Services, Santa Barbara (805) 681-4900 or Santa Maria (805) 346-8460.

Signature (Driver of Vehicle)

Date