Paul A. Pettit, MSL, CPH
Public Health Director

ORLEANS COUNTY HEALTH DEPARTMENT
14016 State Route 31, Suite 101
Albion, NY 14411
(585) 589-3278

LETTER OF PERMISSION - NOTIFICATION OF PUBLIC FOOD SERVICE EVENTS FORM

Organization Name: _____

Address: _____

Mailing Address (If Different): _____

Person in Charge: _____

Telephone: _____ Email: _____

Please complete the following chart as to when and what type of events you are planning.

Date	Time	Name of Event	Description of food to be served

Is facility served by ☐ Private ☐ Public water?

Signature of Applicant: _____ Date: _____

MB April 2022