



**CONTRA COSTA ENVIRONMENTAL HEALTH DIVISION**  
 2120 DIAMOND BOULEVARD, SUITE 200  
 CONCORD, CA 94520  
 (925) 692-2500 (925) 692-2502 FAX  
<http://cchealth.org/groups/eh>



FORM  
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## ELECTRICAL CONNECTION AGREEMENT

THIS DOCUMENT IS REQUIRED WHEN MOBILE FOOD FACILITIES OPERATE AT A STATIONARY LOCATION APPROVED BY CONTRA COSTA COUNTY ENVIRONMENTAL HEALTH (CCEH) AND APPROVED BY THE LOCAL PERMITTING CITY/COUNTY.

### MOBILE FOOD FACILITY:

I, \_\_\_\_\_, doing business as \_\_\_\_\_, with vehicle license  
(Mobile Food Facility Owner/Operator) (Mobile Food Facility Business Name)

plate \_\_\_\_\_ understand that approved electrical power shall be supplied at all times to operate the  
(License Plate #)  
 exhaust, lighting, electric water heaters, refrigeration units, and any other accessories and appliances that are installed in my mobile food facility as specified under California Retail Food Code Section 114182.

\_\_\_\_\_  
 Signature (Mobile Food Owner/Operator)

\_\_\_\_\_  
 Date

### ELECTRICAL CONNECTION PROVIDER:

\_\_\_\_\_  
 Electrical Connection Provider Facility Name

\_\_\_\_\_  
 Electrical Connection Provider Facility Address

\_\_\_\_\_  
 City, State, Zip Code

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Fax

\_\_\_\_\_  
 Email Address

I, \_\_\_\_\_, hereby certify that, \_\_\_\_\_, doing business as  
(Electrical Connection Provider Owner/Manager) (Mobile Food Facility Owner/Operator)

\_\_\_\_\_, with vehicle license plate \_\_\_\_\_ has access and permission to use the  
(Mobile Food Facility Business Name) (License Plate #)

electrical outlet to provide power for their operations during the following day/times:

DAYS (circle): SUN MON TUE WED TH FRI						
SAT						
TIME: From _____ to _____						

This agreement is valid until \_\_\_\_\_. I agree to contact CCEH if this agreement is ever terminated prior to  
(Date)

the aforementioned end date, and if there is a change in operations to this business or the mobile food facility listed above.

\_\_\_\_\_  
 Signature (Electrical Connection Provider Owner/Manager)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name (Electrical Connection Provider Owner/Manager)