

Business Name
Business Address
City
Business Phone Number

Date: _____

To: Kern County Environmental Health Division –
Food Program Supervisor

Fax: (661) 862-8701

Phone: (661) 862-8740

From:

Fax:

Phone:

e-mail:

Subject: **Voluntary Reporting of Voluntary Restaurant Closure**

Name of facility: _____

Address of facility: _____

The above facility is closing voluntarily due to:

- Electrical power outage
- No refrigeration
- No water
- No hot water
- Sewage/water overflow into restaurant
- Fire
- Other

The facility will be closed from _____ a.m./p.m. to _____ a.m./p.m.

Please be advised that this restaurant will follow strict protocols to handle the situation with regard to clean-up following repair/resolution of the problem before reopening or resuming normal operation of the equipment involved, as appropriate. If you have any questions, please call the person sending this fax at the number indicated.

Thank you.