

MOBILE FOOD FACILITY (MFF)
ACCOUNT INFORMATION UPDATE

Today's Date: _____

To whom it may concern:

I, _____ (print name), am requesting to update the following information for my account.

My business information is as follows:

Facility/Business Name: _____

Facility ID Number: FA0 _____

Account Number: AR _____

Vehicle License Plate #: _____

Owner Name: _____

Information to be updated/changed (please check all that apply):

Phone: _____

Mobile: _____

Mailing/Billing Address: _____

City/State/Zip: _____

Owner Address: _____

City/State/Zip: _____

Owner/Authorized Agent Signature

Print Name

Date