

**TRAILER ESTATES PARK & RECREATION DISTRICT
KITCHEN INSPECTION/AUTHORIZATION FORM**

PP 45

NAME OF ORGANIZATION: _____
PERSON RESPONSIBLE/RESERVATION: _____

**THIS IS VERIFICATION THAT THE KITCHEN HAS BEEN INSPECTED AND
WAS LEFT IN THE SAME CONDITION IT WAS WHEN IT WAS RESERVED.**

INSPECTED BY:

Signature (KITCHEN MANAGER/DESIGNEE)

Date

**For Your Information: CHECKS, FOR THE RETURN OF THE DEPOSIT, WILL
BE WRITTEN ON TUESDAY AND CAN BE PICKED UP FROM THE TRAILER
ESTATES OFFICE AFTER 11:00 A.M.**

Adopted 11/17/2008
Kitchen Inspection

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