

SAMPLE LETTER TO HEALTH DEPARTMENT

It is important to include the following information in your letter:

1. THE NAME AND ADDRESS OF THE SITE
 2. THE TYPE OF MEAL SERVICE
 3. THE TIME OF MEAL SERVICE
 4. THE DATES OF OPERATION
 5. A CONTACT PERSON AND PHONE NUMBER
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Your Town Boys & Girls Club
555 Main Street
Your Town, WI 54555

March 1, 2018

Your Town Health Department
222 ABC Street
Your Town, WI 54555

Dear _____:

The Your Town Boys & Girls Club will be sponsoring the Summer Food Service Program (SFSP). SFSP regulations require that the local or state health department be notified of our intent to operate a food service program. We plan to provide meals to children at the following locations:

Your Town Boys & Girls Club 1
555 Main Street
Your Town, WI 54555

And

Your Town Boys & Girls Club 2
777 ABC Drive
Your Town, WI 54555

Each site will serve breakfast from 8:30 to 9:30 am and a lunch from 11:30 am to 1:00 pm, Monday through Friday. Meals for our program will be prepared in our kitchen at the Club 1 site and delivered to our other Club location each day. Both feeding programs will operate from June 11 through August 24.

If you have any questions, please contact me at (715) 555-5555.

Sincerely,
Sue Jones, Club Director
Your Town Boys & Girls Club