



City of Austin

**AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION**

PO Box 1088
Austin, Texas 78767
Phone: (512) 978-0300 Fax: (512)978-0322



Travis County

Non-Food Handler Affidavit

The undersigned Affiant, who after being duly sworn by me, on oath, makes the following statement:

I am employed or volunteer at the Food Enterprise: _____
located at: _____. My job title is: _____.
While working or volunteering for the above establishment I do not ever work with unpackaged food, food equipment or utensils, or food contact surfaces.

Affiant Signature

Affiant Printed Name

SWORN TO AND SUBSCRIBED before me by the said Affiant on this the _____ day of _____, 20____.

Notary Public _____

My commission expires on the _____ day of _____, 20_____.