



MONO COUNTY HEALTH DEPARTMENT

P.O. BOX 476, BRIDGEPORT, CALIFORNIA 93517 (760) 932-5580 • FAX (760) 932-5284
P.O. BOX 3329, MAMMOTH LAKES, CALIFORNIA 93546 (760) 924-1800 • FAX (760) 924-1801

MASTER FILE RECORD INFORMATION

FACILITY INFORMATION

Facility ID _____ Facility type _____ APN _____

New facility Update for existing facility Change of ownership-Date effective: _____

Facility name _____

Physical site address _____

City _____ State _____ Zip _____

Cross street _____

Facility mailing address _____

City _____ State _____ Zip _____

Phone _____ Ext. _____ Alternate phone _____ Ext. _____

Fax _____ E-mail _____

Manager name _____ Phone _____

EMERGENCY NOTIFICATION

Facility emergency coordinator _____

Contact #1: _____ Day phone _____ Night phone _____

Contact #2: _____ Day phone _____ Night phone _____

OWNER INFORMATION

Sole proprietor Partnership Corporation

Owner name _____

Physical address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Mailing address _____

City _____ State _____ Zip _____

Contact name(s), if a corporation _____

Co-owner name(s), if a partnership _____

Address _____

City _____ State _____ Zip _____

Mail invoices to: Owner Facility

Print name of person completing form

Signature

Title

Date