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# Wright County Health Department

I, \_\_\_\_\_, have received the following items  
from the Wright County Health Department:

\_\_\_\_\_ **GUIDELINES FOR TEMPORARY FOOD EVENTS**



I understand by receiving these items, I am responsible for following the 1999  
Missouri Food Code Guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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