



**Excluded Organization Event Notification**  
*This form must be submitted at least 30 days in advance of the event.*

Pursuant to Code of Maryland Regulations 10.15.03.26E and 10.15.03.26F,

\_\_\_\_\_  
(Name of the Excluded Organization)

\_\_\_\_\_  
(Facility Address)

Intends to hold a public event and is providing the Harford County Health Department with the following written notification as set forth in COMAR 10.15.03.26E and 10.15.03.26F.

Event Date \_\_\_\_\_

Site of Event \_\_\_\_\_

Time of Event \_\_\_\_\_

Estimated number of individuals to be served \_\_\_\_\_

Menu or list of foods to be served \_\_\_\_\_

Source of all potentially hazardous foods to be served \_\_\_\_\_

List of foods to be prepared more than 12 hours in advance of service \_\_\_\_\_

Name, address, and telephone number of a responsible contact individual \_\_\_\_\_

If food is to be prepared off-premises:

Name of the facility to be used \_\_\_\_\_

Procedures for transporting food to the premises \_\_\_\_\_