

4. Dates at Service Location

Please indicate below the specific time periods for each day the mobile facility will be open for business.

DATE	OPENING TIME	CLOSING TIME

Signature _____ Date: _____
Mobile Facility Owner

MAP OR DIRECTIONS IF IN ISOLATED AREA:

NOTE: This information must be received by the HLO at least 24 hours before services are provided at the new location. Submit this completed notification in person, by mail or to HLO info at the email address listed above.