



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 1490 GASOLINE ALLEY  
 CONCORD, CA 94520

Print Date: 01/11/2023

Facility ID: FA0043228  
 Account ID: AR0055075

**ATTN:** MDUSD WAREHOUSE FOOD & NUTRITION - 1490 GASOLINE ALLEY

**Total Due & Payable: \$ 2,786.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description   | Amount            |
|---------------|----------------|----------|-----------------|-----------|---|-------------------|
| 3/31/21       | IN0272718      | 4/30/21  | 1001            |           | PLAN REVIEW<br>ADDITIONAL TIME SPENT (390 MINUTES) ON PROJECT SR13574                           | \$1,293.50        |
| 3/31/21       | IN0272719      | 4/30/21  | 0625            | PR0072057 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2021/2022  | \$995.00          |
| 3/31/21       | IN0272719      | 4/30/21  | 9996            |           | MID YEAR PRORATION (CREDIT)<br>50% PRORATION FOR 2022-2023 HEALTH PERMIT FEE APPROVED 3/31/2021 | -\$497.50         |
| 1/29/23       | IN0279474      | 2/28/23  | 0625            | PR0072057 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024  | \$995.00          |
| <b>Total:</b> |                |          |                 |           |   | <b>\$2,786.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

**INVOICE**

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010311  
 Account ID: AR0010451

ATTN: LOMA VISTA ADULT CENTER - 1266 SAN CARLOS AVE

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279389      | 2/28/23  | 0625            | PR0010919 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



Environmental Health  
2120 Diamond Blvd., Suite 100  
Concord, California 94520

# INVOICE

Mail Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

For questions please call  
(925)957-5514  
Fax (925)957-5517  
EH\_Finance@cchealth.org



TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD & NUTRITION SERVICES  
1936 CARLOTTA DR ROOM 23  
CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010666  
Account ID: AR0010806

ATTN: AYERS ELEMENTARY SCHOOL - 5120 MYRTLE DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279403      | 2/28/23  | 0625            | PR0011290 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

**INVOICE**

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010578  
 Account ID: AR0010718

**ATTN:** BANCROFT ELEMENTARY SCHOOL - 2200 PARISH DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279399      | 2/28/23  | 0625            | PR0011198 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



Environmental Health  
2120 Diamond Blvd., Suite 100  
Concord, California 94520

# INVOICE

Mail Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

For questions please call  
(925)957-5514  
Fax (925)957-5517  
EH\_Finance@cchealth.org



TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD & NUTRITION SERVICES  
1936 CARLOTTA DR ROOM 23  
CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0009084  
Account ID: AR0009224

ATTN: BEL AIR ELEMENTARY - 663 CANAL RD

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279320      | 2/28/23  | 0625            | PR0009645 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0007388  
 Account ID: AR0007528

**ATTN:** CAMBRIDGE ELEMENTARY SCHOOL - 1135 LACEY LN

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279245      | 2/28/23  | 0625            | PR0007878 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0017161  
 Account ID: AR0018949

**ATTN:** DELTA VIEW ELEMENTARY SCHOOL - 2916 RIO VERDE DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279420      | 2/28/23  | 0625            | PR0021291 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
2120 Diamond Blvd., Suite 100  
Concord, California 94520

**INVOICE**

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
(925)957-5514  
Fax (925)957-5517  
EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD & NUTRITION SERVICES  
1936 CARLOTTA DR ROOM 23  
CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010315  
Account ID: AR0010455

**ATTN:** EL MONTE ELEMENTARY SCHOOL - 1400 DINA DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279391      | 2/28/23  | 0625            | PR0010923 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**





**Environmental Health**  
2120 Diamond Blvd., Suite 100  
Concord, California 94520

**INVOICE**

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
(925)957-5514  
Fax (925)957-5517  
EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD & NUTRITION SERVICES  
1936 CARLOTTA DR ROOM 23  
CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0009167  
Account ID: AR0009307

**ATTN:** FAIR OAKS ELEMENTARY SCHOOL - 2400 LISA LN

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279322      | 2/28/23  | 0625            | PR0009761 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

**ATTN:** GREGORY GARDENS ELEMENTARY SCHOOL - 1 CORRITONE CT

Facility ID: FA0007372  
 Account ID: AR0007512

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279244      | 2/28/23  | 0625            | PR0007862 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



Environmental Health  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

Mail Payments to:  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0007524  
 Account ID: AR0007664

ATTN: HIDDEN VALLEY ELEMENTARY SCHOOL - 500 GLACIER DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279226      | 2/28/23  | 0625            | PR0008025 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010530  
 Account ID: AR0010670

**ATTN:** HIGHLANDS ELEMENTARY SCHOOL - 1326 PENNSYLVANIA BLVD

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279395      | 2/28/23  | 0625            | PR0011147 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DIST  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR 23  
 CONCORD, CA 94520

Print Date: 01/11/2023

Facility ID: FA0010473  
 Account ID: AR0048748

**ATTN:** HOLBROOK LANGUAGE ACADEMY - 3333 RONALD WY

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279408      | 2/28/23  | 0625            | PR0011089 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010314  
 Account ID: AR0010454

**ATTN:** MEADOW HOMES ELEMENTARY SCHOOL - 1371 DETROIT AVE

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279390      | 2/28/23  | 0625            | PR0010922 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0009015  
 Account ID: AR0009155

**ATTN** MONTE GARDENS ELEMENTARY - 3841 LARKSPUR DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279314      | 2/28/23  | 0625            | PR0009574 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010550  
 Account ID: AR0010690

**ATTN** MOUNTAIN VIEW ELEMENTARY SCHOOL - 1705 THORNWOOD DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279396      | 2/28/23  | 0625            | PR0011168 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**





**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010685  
 Account ID: AR0010825

**ATTN** MT DIABLO ELEMENTARY SCHOOL - 5880 MT ZION DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279405      | 2/28/23  | 0625            | PR0011312 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0009181  
 Account ID: AR0009321

**ATTN** PLEASANT HILL ELEMENTARY SCHOOL - 2097 OAK PARK BLVD

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279323      | 2/28/23  | 0625            | PR0009742 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0009076  
 Account ID: AR0009216

ATTN: RIO VISTA ELEMENTARY SCHOOL - 611 PACIFICA AVE

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279319      | 2/28/23  | 0625            | PR0009636 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0009218  
 Account ID: AR0009358

**ATTN:** SEQUOIA ELEMENTARY SCHOOL - 277 BOYD RD

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279326      | 2/28/23  | 0625            | PR0009781 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519--135

Print Date: 01/11/2023

Facility ID: FA0043193  
 Account ID: AR0055008

ATTN: SHADELANDS PRESCHOOL - 1860 SILVERWOOD DR

**Total Due & Payable: \$ 299.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279484      | 2/28/23  | 0626            | PR0072030 | SCHOOL SATELLITE W/ CAFETERIA<br>HEALTH PERMIT FOR 2023/2024 | \$299.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$299.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



Environmental Health  
2120 Diamond Blvd., Suite 100  
Concord, California 94520

# INVOICE

Mail Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

For questions please call  
(925)957-5514  
Fax (925)957-5517  
EH\_Finance@cchealth.org



TO: SHORE ACRES ELEMENTARY SCHOOL  
FOOD & NUTRITION SERVICES  
1936 CARLOTTA DR, ROOM 23  
CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0008995  
Account ID: AR0009135

ATTN: SHORE ACRES ELEMENTARY SCHOOL - 351 MARINA RD

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279313      | 2/28/23  | 0625            | PR0009554 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010319  
 Account ID: AR0010459

ATTN: SILVERWOOD ELEMENTARY SCHOOL - 1649 CLAYCORD AVE

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279392      | 2/28/23  | 0625            | PR0010927 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0007510  
 Account ID: AR0007650

**ATTN:** STRANDWOOD ELEMENTARY SCHOOL - 416 GLADYS DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279225      | 2/28/23  | 0625            | PR0008011 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**





**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0008940  
 Account ID: AR0009080

**ATTN:** SUN TERRACE ELEMENTARY SCHOOL - 2448 FLOYD LN

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279307      | 2/28/23  | 0625            | PR0009495 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519--135

Print Date: 01/11/2023

Facility ID: FA0043194  
 Account ID: AR0055009

ATTN: SUNRISE ELEMENTARY SCHOOL - 1861 SILVERWOOD DR

**Total Due & Payable: \$ 299.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279485      | 2/28/23  | 0626            | PR0072031 | SCHOOL SATELLITE W/ CAFETERIA<br>HEALTH PERMIT FOR 2023/2024 | \$299.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$299.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

Mail Payments to:  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0007541  
 Account ID: AR0007681

ATTN: VALHALLA ELEMENTARY SCHOOL - 530 KIKI DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279227      | 2/28/23  | 0625            | PR0008043 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010612  
 Account ID: AR0010752

**ATTN:** VALLE VERDE ELEMENTARY SCHOOL - 3275 PEACHWILLOW LN

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279402      | 2/28/23  | 0625            | PR0011232 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010555  
 Account ID: AR0010695

**ATTN** WALNUT ACRES ELEMENTARY SCHOOL - 180 CEREZO DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279397      | 2/28/23  | 0625            | PR0011173 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0008887  
 Account ID: AR0009027

**ATTN:** WESTWOOD ELEMENTARY SCHOOL - 1748 WEST ST

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279304      | 2/28/23  | 0625            | PR0009442 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

**INVOICE**

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010702  
 Account ID: AR0010842

**ATTN:** WOODSIDE ELEMENTARY SCHOOL - 761 SAN SIMEON DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279407      | 2/28/23  | 0625            | PR0011331 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



TO MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010474  
 Account ID: AR0010614

ATTN WREN AVENUE ELEMENTARY SCHOOL - 3339 WREN AVE

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279409      | 2/28/23  | 0625            | PR0011090 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**





**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010422  
 Account ID: AR0010562

**ATTN:** YGNACIO VALLEY ELEMENTARY SCHOOL - 2217 CHALOMAR RD

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279393      | 2/28/23  | 0625            | PR0011034 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0008975  
 Account ID: AR0009115

**ATTN:** DIABLO VIEW MIDDLE SCHOOL - 300 DIABLO VIEW LN

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279312      | 2/28/23  | 0625            | PR0009531 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0008869  
 Account ID: AR0009009

**ATTN** EL DORADO MIDDLE SCHOOL - 1750 WEST ST

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279302      | 2/28/23  | 0625            | PR0009423 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



Environmental Health
2120 Diamond Blvd., Suite 100
Concord, California 94520

INVOICE

Mail Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

For questions please call
(925)957-5514
Fax (925)957-5517
EH\_Finance@cchealth.org



TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD & NUTRITION SERVICES
1936 CARLOTTA DR ROOM 23
CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010588
Account ID: AR0010728

ATTN: FOOTHILL MIDDLE SCHOOL - 2775 CEDRO LN

Total Due & Payable: \$ 995.00

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 1/29/23, IN0279401, 2/28/23, 0625, PR0011209, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2023/2024, \$995.00. Total: \$995.00

Payments will be applied to older invoices and penalties first.

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.
90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

For online payment please use the following link:

https://hdsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx

Payments received in the last 30 days may not be reflected above.



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010569  
 Account ID: AR0010709

**ATTN:** OAK GROVE MIDDLE SCHOOL - 2050 MINERT RD

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279398      | 2/28/23  | 0625            | PR0011189 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010684  
 Account ID: AR0010824

**ATTN** PINE HOLLOW MIDDLE SCHOOL - 5522 PINE HOLLOW RD

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279404      | 2/28/23  | 0625            | PR0011311 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0009235  
 Account ID: AR0009375

ATTN PLEASANT HILL MIDDLE SCHOOL - 1 SANTA BARBARA RD

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279327      | 2/28/23  | 0625            | PR0009799 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsgmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0008897  
 Account ID: AR0009037

ATTN: RIVERVIEW MIDDLE SCHOOL - 205 PACIFICA AVE

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279306      | 2/28/23  | 0625            | PR0009452 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**





**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0007432  
 Account ID: AR0007572

**ATTN:** VALLEY VIEW MIDDLE SCHOOL - 181 VIKING DR

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279246      | 2/28/23  | 0625            | PR0007926 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0007457  
 Account ID: AR0007597

**ATTN:** COLLEGE PARK HIGH SCHOOL - 201 VIKING DR

**Total Due & Payable: \$ 1,830.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount            |
|---------------|----------------|----------|-----------------|-----------|--|-------------------|
| 1/29/23       | IN0279248      | 2/28/23  | 3640            | PR0011420 | PUBLIC SCHOOL POOL (YR-ROUND)<br>HEALTH PERMIT FOR 2023/2024 | \$835.00          |
| 1/29/23       | IN0279248      | 2/28/23  | 0625            | PR0007951 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024     | \$995.00          |
| <b>Total:</b> |                |          |                 |           |  | <b>\$1,830.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0009044  
 Account ID: AR0009184

**ATTN:** CONCORD HIGH SCHOOL - 4200 CONCORD BLVD

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279317      | 2/28/23  | 0625            | PR0009602 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0008941  
 Account ID: AR0009081

**ATTN:** MT DIABLO HIGH SCHOOL - 2450 GRANT ST

**Total Due & Payable: \$ 2,129.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount            |
|---------------|----------------|----------|-----------------|-----------|--|-------------------|
| 1/29/23       | IN0279308      | 2/28/23  | 0625            | PR0009496 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024     | \$995.00          |
| 1/29/23       | IN0279308      | 2/28/23  | 0626            | PR0024187 | SCHOOL SATELLITE W/ CAFETERIA<br>HEALTH PERMIT FOR 2023/2024 | \$299.00          |
| 1/29/23       | IN0279308      | 2/28/23  | 3640            | PR0012067 | PUBLIC SCHOOL POOL (YR-ROUND)<br>HEALTH PERMIT FOR 2023/2024 | \$835.00          |
| <b>Total:</b> |                |          |                 |           |  | <b>\$2,129.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
**Contra Costa Health Services**  
**50 Douglas Dr., Suite 320C**  
**Martinez, CA 94553**

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0008114  
 Account ID: AR0008254

**ATTN:** NORTHGATE HIGH SCHOOL - 425 CASTLE ROCK RD

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279252      | 2/28/23  | 0625            | PR0008635 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR, ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010460  
 Account ID: AR0010600

**ATTN:** OLYMPIC HIGH SCHOOL - 2730 SALVIO ST

**Total Due & Payable: \$ 299.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279496      | 2/28/23  | 0626            | PR0011076 | SCHOOL SATELLITE W/ CAFETERIA<br>HEALTH PERMIT FOR 2023/2024 | \$299.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$299.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**



**Environmental Health**  
 2120 Diamond Blvd., Suite 100  
 Concord, California 94520

# INVOICE

**Mail Payments to:**  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

For questions please call  
 (925)957-5514  
 Fax (925)957-5517  
 EH\_Finance@cchealth.org



**TO:** MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD & NUTRITION SERVICES  
 1936 CARLOTTA DR ROOM 23  
 CONCORD, CA 94519

Print Date: 01/11/2023

Facility ID: FA0010701  
 Account ID: AR0010841

**ATTN:** YGNACIO VALLEY HIGH SCHOOL - 755 OAK GROVE RD

**Total Due & Payable: \$ 995.00**

Business Owner Name: MT DIABLO UNIFIED SCHOOL DISTRICT -

PLEASE RETURN THIS INVOICE WITH PAYMENT

| Invoice Date  | Invoice Number | Due Date | Program Element | Record ID | Fee Description  | Amount          |
|---------------|----------------|----------|-----------------|-----------|--|-----------------|
| 1/29/23       | IN0279406      | 2/28/23  | 0625            | PR0011330 | SCHOOL CAFETERIA (RISK 2)<br>HEALTH PERMIT FOR 2023/2024 | \$995.00        |
| <b>Total:</b> |                |          |                 |           |  | <b>\$995.00</b> |

**Payments will be applied to older invoices and penalties first.**

30 days after the invoice date a 25% late payment penalty will be assessed on any unpaid permit fee balance.  
 90 days after the invoice date a 40% late payment penalty will be assessed on any unpaid permit fee balance.

**For online payment please use the following link:**

<https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx>

**Payments received in the last 30 days may not be reflected above.**