



COUNTY HEALTH DEPARTMENT

Address

Contact Information: Phone, Fax, Email

**REPORT OF THE ISSUANCE OF A
“WITHHOLD FROM SALE ORDER”**

Date: _____

TO: Dr. _____
District Health Director

FROM: _____

Title: _____

SUBJECT: “Withhold From Sale Order”

A “Withhold From Sale Order” has been issued as indicated by the attached copy. This matter is herewith being referred to you for appropriate action in accordance with Chapter 290-5-14-.10 subsection (3) (b) of the Rules and Regulations for food service adopted pursuant to Title 26-2-373 of the Official Code of Georgia Annotated.