

Information Change Form

Please submit the following Agency changes:

Current:	_____	_____							
	Agency Name	Agency Number							
New Name of Food Pantry	_____								
New Address	_____								
	Physical Address								
	_____	_____							
	City	State							
		Zip Code							
New Director	_____								
New Director Phone Number	_____	Email _____							
Add New Shopper or Phone Number Change for current shopper	_____	_____							
	Name	Phone Number							
Delete Shopper	_____	_____							
	Name	Phone Number							
Changes in Days For Distribution of Food	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Changes in Hours of Food Distribution	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Comments:	_____								
Person Submitting Changes	_____								
Effective Date for Changes	_____								

PLEASE RETAIN A COPY OF THESE CHANGES FOR YOUR RECORDS