Appendix C
Partner Information Change Form

Use this form in case you have change in personnel, site location or another important program information

Organization Name:_____
Organization Tax ID #: _____
Mailing address: _____
City: _____
Zip Code: _____
Phone Number: _____
Email:_____

Please indicate what is being updated:

- ☐ Contact information
- ☐ Address/location
- ☐ Hours of operation
- ☐ Distribution schedule/changes

Contact information
New contact name: _____
New contact title: _____
New phone number(s):_____
New email address: _____

Address/location
New address: _____
City: _____
Zip Code: _____

Hours of operation
New Days: _____
New Hours of Pantry operation: _____

Distribution schedule/changes
New date of delivery: _____
Additional delivery day: _____