

Agency Change of Information Form

As your agency grows, expands and changes staff or volunteers, please inform Second Harvest Food Bank, so that we may update our records. Please provide any information relevant to your food program and our work together.

In the case of a location change for your facility, a major renovation, or major programmatic change, Second Harvest Food Bank will monitor the new site. Until the monitoring visit is complete, and the new site approved, all shopping privileges will be placed on hold.

Date: _____

Agency Name: _____ **Agency Number:** _____

Agency Type: Pantry/Emergency Food Box ___ Soup Kitchen ___ Shelter ___
 Residential ___ Rehab ___ Adult Day Care ___ Youth ___ Multi Service ___

Contact Person: _____ **Phone:** _____

Site Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address: (if different) _____ **City:** _____ **State:** _____ **Zip:** _____

E-Mail Address: _____

Please list the Days and Hours of Operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Add shoppers: (Please include a copy of Driver's License or I.D. for each shopper)

1. _____ Phone/email _____

2. _____ Phone/email _____

3. _____ Phone/email _____

4. _____ Phone/email _____

Remove Shoppers:

1. _____ 2. _____

3. _____ 4. _____

Additional Information:

Signature of CEO/Pastor/Executive Director: _____

Date: _____

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*Please mail, fax, or email to SHFB @ 704 E. Industrial Park Dr. Manteca, CA 95337. (209)-239-2086.
 info@secondharvest.org*