



Agency Information Change Form

Agency Name: _____ Agency Acct: _____ Date: _____

Please check the following changes that you will be making to your agency file. **Please note that changes can ONLY be submitted by agency primary and secondary contact persons::**

| | | |
|------------------------|---------------------|-----------------|
| Agency Name | Facility Address | Billing Address |
| Mailing Address | Agency Phone Number | Contact Name |
| Contact Person Phone | Fax Number | Email |
| Services Provided | Population Served | Type of Program |
| Authorized Individuals | Website / Home Page | Pantry Schedule |

Please write all changes below in the space provided:

| |
|--------------------------------------|
| Indicate all Changes in this Section |
| |
| |
| |

Additional Comments:

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| |

Please provide the names of ALL individuals who are PICKING UP product for your organization:

Name:

Vehicle (Make, Model, and license plate):

By signing this you are certifying that you are authorized to make the aforementioned changes to the agency account.

Your signature

Title

Date

Printed Name: _____

FOR OFFICE USE ONLY:

| | |
|--|----------------------------------|
| | Changes made in Ceres / Navision |
| | Changes made to Pantry List |