

**PALM BEACH COUNTY FOOD BANK
GENERAL INFORMATION - ANNUAL UPDATE FORM**



AGENCY NAME/NUMBER: _____

FORM FILLED OUT BY: *Please Print and Sign your Name. This form should be filled out by the Primary Contact.*

Print: _____ Signature: _____

AGENCY ADDRESS: *Where your agency's storage and distribution of food is located.*

Street Address: _____

City: _____ Zip Code: _____

AGENCY MAILING ADDRESS: *Where your agency can receive postal mail, if this address is different than your distribution/storage site.*

Street Address: _____

City: _____ Zip Code: _____

AGENCY PHONE NUMBER: *The main number of your agency, where people can call if they need assistance from your agency. This information will be published publicly, so please do not put your cell phone number, unless that is the phone you would like to use for these calls.*

Phone Number: _____

AGENCY DAYS AND HOURS OF DISTRIBUTION: *Please fill out the non-weekly section if your agency doesn't distribute weekly.*

Day	Time(s) <i>Please write the beginning and end time(s) of each distribution period (i.e. 9 – 10 a.m. and 2 – 5 p.m.).</i>	Weekly Distribution <i>(circle one)</i>	Non-Weekly Distribution Timeframes <i>Approximately when does your agency distribute each month (i.e. the 4th Saturday of each month).</i>
Monday		Yes/No	
Tuesday		Yes/No	
Wednesday		Yes/No	
Thursday		Yes/No	
Friday		Yes/No	
Saturday		Yes/No	
Sunday		Yes/No	
Other	Residential Facilities/Schools (as needed distribution).	Residential /School	