

**PALM BEACH COUNTY FOOD BANK  
PARTNER AGENCY CONTACTS - UPDATE FORM**



**AGENCY NAME/NUMBER:** \_\_\_\_\_

**PRIMARY CONTACT(S):** *The person(s) responsible for communication between your agency and PBCFB, authorized to make changes to your agency's file.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**AUTHORIZED AGENCY REPRESENTATIVES:** *Designated people authorized by the Primary Contact who are allowed to pick up food on behalf of their agency.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*Please use as many of these forms as needed to submit your full list of Authorized Agency Representatives or email your list to [agency@pbcbank.org](mailto:agency@pbcbank.org).