



Agency Information Update Form

Agency Name: _____ Member Number: _____

Please make the following changes to: (Print or type all information)

Agency Name: _____

Contacts:

- Director/administrator name: _____ Phone _____
- Primary Contact Name: _____ Phone _____
- POL contact: _____ Phone _____
- Bill to contact: _____ Phone _____
- Statistical Report contact: _____

Authorized

Add: (Please schedule orientation for new persons)

- _____ Pick up Order shop
- _____ Pick up Order shop
- _____ Pick up Order shop

Delete: _____

General Info

- Agency physical address: _____
- Agency bill to address: _____
- Telephone Number: (main) _____
(contact(s)) _____
- Fax #: _____
- Email addresses: (please include anyone who may be interested in receiving CPF B E-News):

Hours of Operation: _____

Submitted by: _____ Date: _____

Fax to: 717-561-4636 Email to: arinfo@centralpafoodbank.org

Office use only : Date entered in primarius: _____ By: _____