



## Agency Information Update Form

Agency Name: \_\_\_\_\_ Agency 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: \_\_\_\_\_