



Agency Change of Information Form

As your agency grows, expands, and changes staff or volunteers, please inform Second Harvest of the Greater Valley, so that we may update our records. Please provide any information relevant to your food program and our work together.

In case of a location change for your facility, a major renovation, or major programmatic change, Second Harvest will monitor the new site. Until the monitoring visit is complete, and the new site is approved, all shopping privileges will be placed on hold.

Date: _____

Agency Name: _____ **Agency Number:** _____

Agency Type: Pantry/Emergency Soup Kitchen Shelter

Residential Rehab Adult Day Care Youth Multi Service

Contact Person: _____ **Phone:** _____

Site Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address: (if different) _____ **City:** _____ **State:** _____ **Zip:** _____

Email Address: _____

Please list the days and hours of operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Add Shoppers: (Please include a copy of Driver's License or I.D. for each shopper)

1. _____ Phone/Email: _____

2. _____ Phone/Email: _____

3. _____ Phone/Email: _____

4. _____ Phone/Email: _____

Remove Shoppers:

1. _____ 2. _____

3. _____ 4. _____

Signature of CEO/Pastor/Executive Director: _____ **Date:** _____