

**PALM BEACH COUNTY FOOD BANK
PARTNER AGENCY CONTACT FORM**



AGENCY NAME/NUMBER: _____

UPDATED ON: _____

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

1. Name: _____ Phone: _____

E-mail: _____

2. 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.*

1. Name: _____ Phone: _____

E-mail: _____

2. Name: _____ Phone: _____

E-mail: _____

3. Name: _____ Phone: _____

E-mail: _____

4. Name: _____ Phone: _____

E-mail: _____

*Use as many of these forms as needed to submit your full list of authorized agency representatives. Email your list to agency@pbfoodbank.org.

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