

PALM BEACH COUNTY FOOD BANK
PARTNER AGENCY – GENERAL INFORMATION



AGENCY NAME/PBC NUMBER: _____

UPDATED ON: _____

FORM FILLED OUT BY: *Please Print and Sign your Name. The Primary Contact should fill out this form.*

Print: _____ Signature: _____

AGENCY ADDRESS: *Where your agency's food storage and distribution is located.*

Street Address: _____

City: _____ Zip Code: _____

AGENCY MAILING ADDRESS: *Where your agency can receive postal mail - if this address differs from your distribution/storage site.*

Street Address: _____

City: _____ Zip Code: _____

AGENCY PHONE NUMBER: The main number of your agency, where people can call if they need assistance from your agency. This information will be published publicly, so please do not put your cell phone number unless that is the phone you want to use for these calls.

Phone Number: _____ Ext. _____

AGENCY DAYS AND HOURS OF DISTRIBUTION: *Please fill out the non-weekly section if your agency doesn't distribute weekly.*

Day	Time(s) <i>Write the beginning and end time(s) of each distribution period (i.e., 9 – 10 a.m. and 2 – 5 p.m.).</i>	Weekly Distribution <i>(Select one)</i>	Non-Weekly Distribution Timeframes <i>When does your agency distribute each month (i.e., the 4th Saturday of the month)?</i>
Monday		☐ YES ☐ NO	
Tuesday		☐ YES ☐ NO	
Wednesday		☐ YES ☐ NO	
Thursday		☐ YES ☐ NO	
Friday		☐ YES ☐ NO	
Saturday		☐ YES ☐ NO	
Sunday		☐ YES ☐ NO	
Other	Residential Facilities/Schools (as-needed distribution).	☐ Residential ☐ School	

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