

AGENCY PARTNER CHANGE FORM



Please use this form to fill in applicable changes to your agency's information so we can ensure we have the correct information for our records and also to provide to the public. Any changes to your distribution should be communicated to Three Square, including changes in types of/or additional distributions including service hours, location, shoppers, contracts or site coordinators, and phone numbers, within 5 business days of any change. An Agency Services Coordinator will follow up with you to confirm any changes. Please reach out to your Agency Services Coordinator, should you have any additional questions.

AGENCY NAME

AGENCY NUMBER

AGENCY TYPE

Pantry

Meals

NEW CONTACT

Name

Phone Number

Email Address

NEW DELIVERY ADDRESS

Street Address

City

State/Province

Postal / Zip Code

NEW DAY(S) OF OPERATION(S)

Walk in Drive Thru

Is this a one-time change or a permanent change (check the one that applies):

One-time

Permanent

Mon

Tue

Wed

Thu

Fri

Sat

Sun

Example:

Mon

Walk-in from 9:00 am to 12:30 pm and drive-thru from 2:00 - 4:00 pm

AGENCY PARTNER CHANGE FORM



ADD AGENCY EXPRESS SHOPPER(S)

REMOVE AGENCY EXPRESS SHOPPER(S)

ADDITIONAL INFORMATION

Sometimes, unexpected situations can affect our delivery schedule, causing delays, cancellations, or changes. If there's a sudden change in your delivery time, who is the best contact at your agency, and how should we reach them?

CONTACT NAME

FOOD PANTRY ROLE

EMAIL

PHONE NUMBER

PERSON FILLING OUT FORM

DATE

PHONE NUMBER