AGENCY PARTNER CHANGE FORM together, we can feed everyone



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 Drive Is this a one-time of the control of the c	hange or a permanent change (chec	ck the one that applies): One-time Permanent
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hu		
iri		
at		
Example:		ive-thru from 2:00 - 4:00 nm

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ADD AGENCY EXPRESS SHOPPER	R(S)	
REMOVE AGENCY EXPRESS SHO	PPER(S)	
ADDITIONAL INFORMATION		
PERSON FILLING OUT FORM		
DATE	PHONE	
J L	IIIOINL	