

Partner Agency Change Form

PLEASE NOTE: ALL new contacts and approved shoppers MUST read the Partner Agency Manual within 48 hours after notifying Food Bank of Alaska of this change. If any renovations or location of food distributions have changed, a representative from Food Bank of Alaska will need to inspect your new site before any shopping resumes.

Please check all changes that apply

Partner #: _____

- ☐ Bill to Address
 ☐ Ship to Address
 ☐ Distribution Address
 ☐ Primary Contact
☐ Add or Remove Shoppers
 ☐ Hours of Distribution
 ☐ Executive Director/CEO/Pastor

Contacts (please specify role or title for each i.e. Primary Contact/Pastor/Executive Director)

Name	Phone	Email	Role/Title

Addresses

Ship To: (deliveries)	
Bill To: (invoices)	
Additional Distribution Sites:	

Hours of Distribution (please specify if you have different TEFAP distribution hours)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Site #1							
Site #2							

Approved Shoppers – Limit of 3.

Add	Remove	Name	Phone	Email

BOTH Signatures MUST be filled in before any changes are made to this account.

Executive Director/CEO/Pastor Signature _____ Date _____

Primary Contact Signature _____ Date _____

Email to programs@foodbankofalaska.org or fax to 907.277.7368