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Food Bank of Northwest Louisiana

FOOD BANK OF NORTHWEST LOUISIANA
AGENCY
INFORMATION / UPDATE

PLEASE PRINT CLEARLY

DATE: _____

AGENCY NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ ZIP: _____

( ) SAME
MAILING ADDRESS: _____

CITY: _____ ZIP: _____

SITE PHONE NUMBER: (_____)_____ SITE FAX NUMBER: (_____)_____

SITE COORDINATOR / PRIMARY CONTACT: _____

PHONE: (_____)_____ ( ) HOME ( ) WORK CELL NUMBER: (_____)_____

E-MAIL ADDRESS: _____

SECONDARY CONTACT: _____

PHONE: (_____)_____ ( ) HOME ( ) WORK CELL NUMBER: (_____)_____

E-MAIL ADDRESS: _____
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DAYS OF OPERATION: _____

TIME OF OPERATION: _____

AUTHORIZED DRIVERS: NAME:_____PHONE:_____

AUTHORIZED DRIVERS NAME:_____PHONE:_____

REFRIGERATION CAPACITY (CUBIC FEET):_____ FREEZER CAPACITY (CUBIC FEET): _____