



## PARTNER UPDATE FORM

Community Partners must keep Feeding America Riverside | San Bernardino informed immediately of any and all change(s) in programs, personnel, addresses, contact phone numbers, and e-mail addresses.

Thank you for your cooperation and support!

**New Primary account holder must complete/sign one form per account to authorize changes.**

- Partner Organization Name: \_\_\_\_\_ Account #: \_\_\_\_\_
- Primary Account Holder Name: \_\_\_\_\_
- Office  
 Cell  
 Home
- Physical Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- \*E-mail (required): \_\_\_\_\_

### Hours of Operation

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Begin							
End							

Distribution Frequency: \_\_\_\_\_

**Add**

- Refrigerator: \_\_\_\_\_
- Freezer: \_\_\_\_\_
- Dry Storage: \_\_\_\_\_

### Add/Remove Shoppers

Check whether you are adding or removing a shopper

Add	Remove	Name	Title	Phone	E-mail
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

Additional Information: \_\_\_\_\_

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Print Name Signature Date