

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
COMMODITY DISTRIBUTION PROGRAM**

ADDENDUM / UPDATE & CHANGE REPORT

The Commodity Office requests that this information be submitted in typed format using this electronic form. Obtain the signature of the Superintendent or Agency Director and fax to (501) 371-1410 for requested changes to be made to Commodity Program information.

IMPORTANT: Complete only the affected fields of information that has changed since the last submission of the Addendum to the Commodity Office.

=====

School/Agency _____ RA # _____

RECIPIENT AGENCY INFORMATION

=====

District/Agency Mailing Address _____

District/Agency Street Address _____

Superintendent/Agency Director Name/Title _____

Superintendent/Agency Director E-Mail Address _____

District/Agency Phone Number _____ Fax Number _____

Food Service Director/Manager Name/Title _____

Food Service Director/Manager Phone Number _____

Food Service Director/Manager Fax Number _____

Food Service Director/Manager Emergency After-Hours Phone Number _____

Food Service Director/Manager Email Address _____

Alternate Commodity Contact Phone Number _____

Alternate Commodity Contact Emergency After-Hours Phone Number _____

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
COMMODITY DISTRIBUTION PROGRAM**

ADDENDUM / UPDATE & CHANGE REPORT

SUB-AGENT INFORMATION

School/Agency Name _____ RA # _____

Sub-Agent Name _____ Sub-Agent (SA) Number _____

Mailing Address _____

=====
Contact Information

Name _____ Business Title _____

Business Phone _____ Fax _____

Emergency Phone _____

=====
Dry Foods Unloading

Name _____

Address _____

=====
Cold/Freezer Unloading

Name _____

Address _____

Signatures

By signing this form you are stating that you have supplied complete and accurate information pertaining to the District/Agency.

Name/Title of Person completing this form _____

Signature _____ Date: _____

District Superintendent/Agency Director _____

Signature _____ Date _____