



Agency Change Form

Agency Name: _____ Date: _____

Please make the necessary changes or updates to your agency on this form.

We appreciate your help and support!

Reason for Change:

Moved: Please update information below.

Previous Address: _____

New Address: _____

Name Change: Please write the Agency/Agency Affiliate name below:

Former Agency Name/Parent Company: _____

New Agency/Affiliate Name: _____

501 (c) (3) Number (Please include a copy for our records): _____

Update Authorized Shoppers: Limit 6

Add	Remove	Name:	Phone No.	Email Address:

Changes Approved By:

Executive Director/CEO/Pastor: _____ Phone No. _____ Email: _____

Main Contact: _____ Phone No. _____ Email: _____

Signature: _____

Mail or Email to:

Judy Chacon
 Agency Relations/Volunteer Manager
 Orange County Food Bank
 Community Action Partnership of OC
 11870 Monarch Street
 Garden Grove, CA 92841
 Office: (714) 897-6670 x 3628
 Mobile: (562) 400-3548
jchacon@capoc.org