DONATED FOOD DISTRIBUTION ORGANIZATION
Non-Profit Food Bank, Charity Kitchen, or similar organization

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE HEALTH DEPARTMENT

Name of Food Distribution Organization:

______________________________________________________________

Person in Charge (PIC):

Facility Address: __________________________ City: __________________________ Zip Code: ________

Mailing Address: __________________________ City: __________________________ Zip Code: ________

Facility Phone number: __________________________ Contact Phone number: __________________________
(day) __________________________ (other)

Emergency Name and Phone number:

______________________________________________________________

Facility FAX number: __________________________ E-mail: __________________________

(Your phone number, fax number and e-mail will not be distributed for commercial purposes. We will use this information to contact you in a timely manner about food recalls or other food safety emergencies.)

Water Source: __________________________ Wastewater disposal: [ ] Public Sewer Name

[ ] On-site septic system

We serve meals to the public [ ] Y [ ] N

Days/Times of food service: __________________________

We distribute food for clients to prepare at home [ ] Y [ ] N

Days open: __________________________ Hours open: __________________________

I agree to comply with Washington State and Skagit County Health Department regulations regarding the above named facility.

Signature: __________________________ Date: __________________________

No Fee - This form is for information purposes only.