

Skagit County Public Health
 700 South 2nd Street, #301
 Mount Vernon, WA 98273
 Phone 360-416-1500 Fax 360-416-1501
 Website: www.skagitcounty.net/food



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.