



Operation Food Secure Neighborhood Site Application

Organization: _____

Site Captain #1: _____ Phone # _____

E-mail: _____

Site Captain #2: _____ Phone # _____

E-mail: _____

Site Location (Name & Address): _____

Property Owner Name: _____ Phone # _____

I give my permission for _____ organization to use my property for the Operation Food Secure Program during the days and hours listed below.

I agree not to sell, barter or use the food for any other purpose than for what it was intended.

Signature: _____ Date: _____

Site Days & Hours of Operation						
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

Is dry food storage available at this site if needed? Y N

Capacity: _____

Is refrigerated food storage available at this site if needed? Y N

Capacity: _____

Is frozen food storage available at this site if needed? Y N

Capacity: _____