



Date: \_\_\_\_\_

Community Partner Organization/Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Do **NOT** display our information in the Mobile Food Box Network Directory

Main Contact Name \_\_\_\_\_ Primary #: \_\_\_\_\_

Ideal Deliver Day(s):      M      Tu      W      Th      F       Call Before Delivery

Additional Details: \_\_\_\_\_

We recommend that each partner receive two boxes, how many boxes would you like?

1      2      3      4

As a community partner, I agree to:

- Host a food box at our location for at least one quarter
- Complete the Mobile Food Box Network orientation
- Notify Wright County Community Action of any questions, comments, concerns or replenishment needs.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Return Application to:**

[FoodSecurity@wccaweb.com](mailto:FoodSecurity@wccaweb.com)