Agency Name: ____________________________
Agency #: ______________________________

Distribution Information

1. Location: ____________________________ Program: ____________________________
   Distribution Address: ____________________________
   Days & Hours of Operation: ____________________________
   Holidays Observed: ________________________________________________________

2. Location: ____________________________ Program: ____________________________
   Distribution Address: ____________________________
   Days & Hours of Operation: ____________________________
   Holidays Observed: ________________________________________________________

3. Location: ____________________________ Program: ____________________________
   Distribution Address: ____________________________
   Days & Hours of Operation: ____________________________
   Holidays Observed: ________________________________________________________

4. Location: ____________________________ Program: ____________________________
   Distribution Address: ____________________________
   Days & Hours of Operation: ____________________________
   Holidays Observed: ________________________________________________________