



## CHILD AND ADULT CARE FOOD PROGRAM CHANGE IN INFORMATION FORM

Please use this form when any of the following information has changed for your institution or facility.  
When complete, fax the form to the attention of CACFP at 406-444-2547 or email it to [bpickett@mt.gov](mailto:bpickett@mt.gov).

### INSTITUTION/FACILITY CONTACT INFORMATION

Institution/Facility Name: \_\_\_\_\_

Doing Business As (name): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_

Authorized Representative Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_