



SUMMER MEALS PROGRAM

# Time Change Request

Site Name: \_\_\_\_\_

Time Change for Meal: *Circle one*

**Breakfast**

**Lunch**

**Snack**

Current Meal Time: \_\_\_\_\_

Requested Meal Time: \_\_\_\_\_

Unexpected Closure Date: \_\_\_\_\_

\*Signing this form will change the meal time for your site. This form is due 48 hours prior to the expected change. The new time will take effect once this form is received and approved by Feeding the Gulf Coast. Feeding the Gulf Coast reserves the right to terminate any site found to be non-compliant with SFSP regulations.

Site Supervisor Name (Print): \_\_\_\_\_

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

**CONTACT:**

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