



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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