



Oklahoma State Department of Education  
Child Nutrition Programs  
Child and Adult Care Food Program (CACFP)  
**Contact Information Change Form**

Agreement Number: \_\_\_\_\_

Legal Name (as registered with IRS) \*: \_\_\_\_\_

Trade Name or Doing Business As (dba)\*: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Address where records are kept: \_\_\_\_\_

\_\_\_\_\_

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

Responsible Principal and/or Individual (RPI): \_\_\_\_\_

RPI DOB: \_\_\_\_\_ RPI email: \_\_\_\_\_

By signing this form, I certify that the information provided is accurate and that you have the authority to update this institution contact information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date