

Township of West Milford



Department of Health
1480 Union Valley Road, West Milford, NJ 07480-1303
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Health@westmilford.org

FOOD PANTRY APPLICATION (Fee Exempt)

For the period **JULY 1, 20__** to **JUNE 30, 20__**

Establishment Name: _____

Establishment Address: _____

Owner Name: _____

Mailing Address: _____

Contact Person: _____ Phone No.: _____

Email address: _____ Fax #: _____

Type of Food Items Provided:

_____ Pre-packaged "dry goods" foods (no refrigeration/no freezing required)

_____ Pre-packaged Refrigerated/Frozen foods

_____ Cook & Serve Food Items

Owner's signature: _____ Date: _____