Edible Food Generators							
Name Of Food Recovery Service / Organization	**Physical Address**	**Contact Information**	**Food Donation Date**	**Edible Food Accepted (in pounds)**	**Type of Food**	**Frequency (does this donation repeat?)**	**Notes**
Donated Food/Month (LBS)							

Mail by the 1st of the month to:
Solano County Resource Management, SB 1383 Program
675 Texas Street, Suite 5500
Fairfield, CA 94533-6342