

**HOLD-RECALL CONTACT FORM**

**Please complete and return. Notify Montgomery County Public Schools immediately as changes occur to MaryAnn Gabriel, Supervisor, Maryann\_E\_Gabriel@mcpsmd.org, Division of Food and Nutrition Services, 240-740-7401.**

School District \_\_\_\_\_

**PROCESSOR HOLD and RECALL CONTACT INFORMATION**

Name of Processor \_\_\_\_\_

**Primary Contact**

Name \_\_\_\_\_

Office Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Back-up Contact**

Name \_\_\_\_\_

Office Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_