

ATTACHMENT A
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, Department of Food and Nutrition Services.

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 _____