

ANNUAL FOOD RECOVERY/DONATION REPORTING FORM

Section 1

Business/Facility Name: _____
Email Address: _____
Address: _____
Reporting Year: _____
Total Amount of Food Recovered in Pounds (lbs): _____

Section 2

- Please use the following section of this form to provide the City of Lakewood information on Food Recovery Service(s) or Organization(s) that collected or received your food for this reporting period.
- Also, attach a copy of your agreement with the Food Recovery Services or Organization(s) and invoices for the amount of food hauled.

1. Organization: _____
Email Address: _____
Address: _____
Agreement Date: _____

Month	Type of Food	Quantity (Pounds per Month)	Self-Haul	Documentation Attached
January			<input type="checkbox"/>	<input type="checkbox"/>
February			<input type="checkbox"/>	<input type="checkbox"/>
March			<input type="checkbox"/>	<input type="checkbox"/>
April			<input type="checkbox"/>	<input type="checkbox"/>
May			<input type="checkbox"/>	<input type="checkbox"/>
June			<input type="checkbox"/>	<input type="checkbox"/>
July			<input type="checkbox"/>	<input type="checkbox"/>
August			<input type="checkbox"/>	<input type="checkbox"/>
September			<input type="checkbox"/>	<input type="checkbox"/>
October			<input type="checkbox"/>	<input type="checkbox"/>
November			<input type="checkbox"/>	<input type="checkbox"/>
December			<input type="checkbox"/>	<input type="checkbox"/>
Total				

2. **Organization:** _____
Email Address: _____
Address: _____
Agreement Date: _____

Month	Type of Food	Quantity (Pounds per Month)	Self-Haul	Documentation Attached
January			<input type="checkbox"/>	<input type="checkbox"/>
February			<input type="checkbox"/>	<input type="checkbox"/>
March			<input type="checkbox"/>	<input type="checkbox"/>
April			<input type="checkbox"/>	<input type="checkbox"/>
May			<input type="checkbox"/>	<input type="checkbox"/>
June			<input type="checkbox"/>	<input type="checkbox"/>
July			<input type="checkbox"/>	<input type="checkbox"/>
August			<input type="checkbox"/>	<input type="checkbox"/>
September			<input type="checkbox"/>	<input type="checkbox"/>
October			<input type="checkbox"/>	<input type="checkbox"/>
November			<input type="checkbox"/>	<input type="checkbox"/>
December			<input type="checkbox"/>	<input type="checkbox"/>
Total				

3. **Organization:** _____
Email Address: _____
Address: _____
Agreement Date: _____

Month	Type of Food	Quantity (Pounds per Month)	Self-Haul	Documentation Attached
January			<input type="checkbox"/>	<input type="checkbox"/>
February			<input type="checkbox"/>	<input type="checkbox"/>
March			<input type="checkbox"/>	<input type="checkbox"/>
April			<input type="checkbox"/>	<input type="checkbox"/>
May			<input type="checkbox"/>	<input type="checkbox"/>
June			<input type="checkbox"/>	<input type="checkbox"/>
July			<input type="checkbox"/>	<input type="checkbox"/>
August			<input type="checkbox"/>	<input type="checkbox"/>
September			<input type="checkbox"/>	<input type="checkbox"/>
October			<input type="checkbox"/>	<input type="checkbox"/>
November			<input type="checkbox"/>	<input type="checkbox"/>
December			<input type="checkbox"/>	<input type="checkbox"/>
Total				