



**Facilities Form**

If you would like to be considered as a partner for our facilities initiatives, please provide the following information:

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Description of services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail this form and all necessary information to the address below:

New England Pantry, Inc.  
c/o Maintenance Department  
290 Vanderbilt Avenue  
Norwood, MA 02062