

**Department of Defense Fresh Fruit and Vegetable (DoDFFV)
New User Information**

EMAIL FORM TO THE FOOD DISTRIBUTION OFFICE

District Code O-Code: OAR _____, referring to your FFAVORS Account

Recipient Agency Name: _____

Address: _____

City: _____

State: Arkansas

Zip Code: _____

User First Name: _____

User Last Name: _____

User Phone Number: _____

Phone Extension: _____

User Fax Number: _____

User Email: _____

Are you the School's Child Nutrition Director? YES NO

Account being replaced: _____