



LYDA KREWSON
Mayor



FREDRICK L. ECHOLS, MD
Director of Health

City of St. Louis Department of Health

GUIDANCE FORM FOR FOOD DISTRIBUTION SITES DURING COVID-19

Date: _____

Location Name _____

Address: _____

Phone Number: _____

Operation days/Time: _____

Type of Meals: _____

Person in-Charge

SIGNATURE

(Please Print Name)

FOR ASSISTANCE CALL FRONT DESK: 314-657-1539

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