



STEVENS POINT
AREA PUBLIC
SCHOOL DISTRICT

Request for Staff Food Service Account

Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

District Email Address: _____

Relationship to the district (volunteer, student teacher, etc.) _____

Building: _____

*Please return completed form to any Food Service Cashier or interoffice mail it
to the Food Service Office. Thank you!

Approval of account is based on the discretion of the Food Service Office

Alphacode: _____

PIN _____

Approved by: _____

Date: _____