



California Grocers Association Recall Notification Program

1. Recall Notification Contact:

Yes, I would like to participate in the CGA Recall Notification Program.

Name (Please Print): _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Fax: _____ Phone: _____

2. Additional Contacts:

I would like these individuals contacted as well. (If the person does not have email, provide their fax number!)

Name: _____ E-mail Address: _____

Name: _____ E-mail Address: _____

Name: _____ E-mail Address: _____

Name: _____ E-mail Address: _____

Name: _____ E-mail Address: _____

Name: _____ E-mail Address: _____

Please fax this form today to: (916) 448-2793
Or mail to: CGA, 1415 L Street, Suite 450, Sacramento, CA 95814
For additional enrollment information contact Lesley Scofield at (916) 448-3545 or
lscofield@cagrocers.com