



ALABAMA WIC PROGRAM

PRICE INCREASE REQUEST FORM

I am notifying the State WIC Office that the vendor listed below has had a **price increase of more than 10 cents** for the following WIC approved food item(s):

WIC Food Item	Size	Current Survey Price	New Survey Price

STORE INFORMATION		
Store Name:	Vendor Number:	
Street Address:		
City:	State:	Zip:
Vendor Representative (Print):		
Representative Title (Print):		
Signature:		Date:
Contact Telephone Number:		

**The State WIC Office will not accept prices that exceed the current price maximum.
You will be notified if your prices exceed the current price maximum.**

Mail or fax completed form to:

Debbie Free
ADPH – WIC Division
P.O. Box 303017
Montgomery, AL 36130-3017
Fax: (334) 206-2914

**Submit form to the State WIC Office at least five (5) days
prior to new price effective date.**

DO NOT WRITE BELOW THIS LINE

STATE WIC OFFICE USE ONLY

Date Received: ----- / ----- / -----