



Internal Use Only	
ORG Code:	
Site ID Number:	
Date added:	

GRITS Add Site Request

ONLY PRINT OR TYPE

(Please return this form to dph-immreg@dph.ga.gov)

Org Code _____ Site Name: _____
(If adding site to existing org)

County: _____

1. This Site Receives Inventory From VFC: Yes No VFC/GIP PIN _____
(Required if yes)

2. This Site Has Inventory: Yes **(required if #1 is yes, skip #3)**
No **(answer #3)**

3. If No, this site draws inventory from: _____
(Site name inventory will be drawn from) **(required if 2 is No)**

Primary Contact Name: _____ Is this contact a Physician?
Yes No

Secondary Contact Name **(Mandatory)**: _____ Yes No
(If no secondary contact list same as primary)

Address: _____

P. O Box: _____

City, State, & Zip Code: _____

Primary Telephone: _____ EXT: _____

Secondary Telephone **(Mandatory)**: _____ EXT: _____
(If none list same as primary)

Fax: _____

Email: _____

Secondary Email **(Mandatory)**: _____
(If none list same as primary)

Point of Contact Signature _____ Date _____