

## Proxy/Authorization for Food Pantry Pick Up

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Tel# \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

# of Household Members: \_\_\_\_\_

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### PROXY

The person that picks up food box in your place must complete information below. The proxy must present appropriate identification at time of food box pick up.

**Person, Organization or Senior Housing Site authorized to pick up/accept delivery of food.**

Individual OR Organization: \_\_\_\_\_

If Organization, Contact Person Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel# \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

**I give the above named proxy permission to pick up my food pantry items. This form will be considered valid until I notify the pantry of changes to this request.  
(OR until this date: \_\_\_\_\_)**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Proxy: \_\_\_\_\_ Date: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*Participant MUST also fill out TEFAP Eligibility Form\*\*\*\*\*