



# Proxy Form

- **New Client** (Client application must be attached)
- **Renewal**

Clients Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Program:     TEFAP                       CSFP                       Mobile Pantry

I hereby designate \_\_\_\_\_ (name of Proxy) to serve as my proxy to sign required documents, provide eligibility information, and pick up my food benefits from the following agency:

\_\_\_\_\_.

By signing this form, you agree to have your name and information into our Link2Feed on-line application system. Your information may be viewed by Food Bank of the Rockies partners to help us better serve your community. We value the confidentiality of your information. If you wish to have this information removed please email: [L2F@foodbankrockies.org](mailto:L2F@foodbankrockies.org).

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Renewal Period: \_\_\_\_\_ To: \_\_\_\_\_  
Today's Date (month/year)                      1 year from today's date (month/year)

\*\*MP Clients must designate a proxy at each distribution, no exceptions\*\*

This institution is an equal opportunity provider.