



Mid-Ohio Foodbank

Produce Market Sign-In Letter of Proxy

To: (Agency's Name): _____

From: (Client's Name): _____

Client's Address: _____

Client's Phone Number: _____

Number of People in Household by age:

Age 60+: _____ Age 18 – 59: _____ Age birth – 17: _____ Total: _____

This letter is to certify that if I am not able to appear in person due to health issues or scheduling conflicts to obtain the food, I give permission to the person(s) listed below to sign the Produce Market Sign-In sheet in my absence:

Proxy Name: _____

Proxy Complete Address: _____

Proxy Name: _____

Proxy Complete Address: _____

Proxy Name: _____

Proxy Complete Address: _____

If you have any questions or concerns regarding my eligibility or any of the information provided above, you may contact me at the phone number listed. Thank you for your assistance.

Sincerely,

(Signature of Client)

Date: