

**FOOD BANK
of ALASKA**



MFP Authorized Proxy Form

I _____ hereby give
permission for

_____ to pick up
food for my household at the Mobile Food Pantry Distribution.

Client information:

Client's Address _____

Client's Phone Number _____

How many Adults in Household? _____

How many Children in Household? _____

How Many Seniors in Household? _____

(The above information is for registration and statistical data only.)

Client's signature _____ Date _____

As the proxy, I agree to carry this authorized proxy form with me at all MFP
distributions, when receiving food for the above-mentioned household.

Proxy's signature _____ Date _____

Expiration date: 6/30/2022