



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: