

**FOOD DISTRIBUTION PROGRAM
HOOPA VALLEY TRIBE**
POST OFFICE BOX 498, HOOPA, CALIFORNIA 95546
(530) 625-4646 FAX (530) 625-4717

AUTHORIZED REPRESENTATIVE FORM

I authorize the following individual(s) or distribution site representatives to sign and receive my commodities. I understand that upon release of commodities to my authorized representative, that the Food Distribution Program is not responsible for any losses or damages; my Authorized Representative(s) assumes full responsibility for any commodities released to them on my behalf. I understand that the undersigned individuals will remain on my file as Authorized Representatives until I request them to be removed.

Case Name: _____ Case # _____

Please add the following individuals as Authorized Representatives for my food commodities:
Please Print.

① _____ ④ _____

② _____ ⑤ _____

③ _____ ⑥ _____

The participant must sign below to authorize the Food, Distribution program to make these changes.

Date: _____ Signature: ✕ _____