

**Measure C Senior Scrip Program  
PROXY AUTHORIZATION FORM**  
*(Authorization to be processed and approved ONLY by the Fresno COG office.)*

I hereby authorize the following individual(s), listed on Part II below, to purchase my Measure C Senior Scrip for me when I am unable to purchase these items myself. I understand that only the name(s) shown below may purchase scrip on my behalf. I further understand that this form must be renewed every two years. If changes occur before my renewal is due, I am responsible to update my Measure C Senior Scrip Program Proxy Authorization Form.

**Part I** - Information and signature of Senior Scrip user

Name of Eligible User: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

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

**Part II** - Information and signature of authorized proxy buyer(s)

The individual(s) listed below have agreed to become an authorized Proxy Buyer(s) and acknowledge that they will provide a photo ID with this authorization form and will show a photo ID and my User ID card when making a Measure C Senior Scrip purchase on my behalf. Failure to offer their photo ID may possibly revoke their authorization status. Fresno COG is not responsible should the Proxy Buyer fail to deliver the purchased item(s) to the Eligible User. Eligible Proxy Buyers and Eligible Users must provide their California Driver's License or California ID Card number and their telephone number on personal checks when purchasing by US Mail or in person at the various authorized scrip vending sites.

1. Name of Proxy Buyer: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Email (optional): \_\_\_\_\_ **Photo ID Included**

Authorized Proxy's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name of Proxy Buyer: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Email (optional): \_\_\_\_\_ **Photo ID Included**

Authorized Proxy's Signature: \_\_\_\_\_ Date: \_\_\_\_\_