



**RIVER VALLEY REGIONAL
FOOD BANK**
A PROGRAM OF THE CRAWFORD - SEBASTIAN COMMUNITY DEVELOPMENT COUNCIL



**River Valley Regional Food Bank
Authorized Agency Selectors**

Date: _____

Name of Agency: _____

Contact Person: _____

Address: _____

Telephone: _____ E-Mail Address: _____

The names and signatures of the persons below are authorized by:

_____ (agency name)
to pick up products on behalf of your agency at the Food Bank. Their signatures indicate they have read and understand Food Bank regulations and agree to abide by them. Agencies are limited to seven (7) selectors.

_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature

Please inform Ted Clemons or Tracy Engel at the Food Bank as soon as any changes are made in your agency's list of people authorized to pick up products.