Water Voucher Program **Assignment of Agent Form**

Homeowner (or Occupant) PID#_____

Name: _____ Home Phone: _____

Civic Address: _____

Community: _____

By signing this form, I authorize the person below to act on my behalf and pick up the Municipality of the District of Shelburne water vouchers on my behalf.

SIGNATURE: _____ DATE: _____

Authorized Agent:

Name: _____ Home Phone: _____

Civic Address:_____

I do hereby accept the responsibility to pick up and deliver drinking water to the above noted in accordance with program guidelines

Signature: _____ Date: _____

For Office Use
Received by:
(print name)

Staff Signature:

Date:

DRY WELL RELIEF PROGRAM