

**Measure C Taxi 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 Taxi Scrip for me when I am unable to purchase these items myself. I understand that only the name(s) shown below may purchase Taxi 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 Taxi Scrip Program Proxy Authorization Form.

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

Name of Eligible Buyer: \_\_\_\_\_

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

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

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

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

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

The individual(s) listed below have agreed to become an Authorized 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 Taxi Scrip purchase on my behalf. Failure to offer their photo ID may possibly revoke their authorization status. Fresno COG is not responsible should the Authorized Buyer fail to deliver the purchased item(s) to the Eligible Buyer. Eligible Buyers and Authorized Buyers must provide their California Driver's License or California ID Card number and a local telephone number on personal checks when purchasing by US Mail or in person at the Fresno COG office.

1. Name of Authorized Buyer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email (optional): \_\_\_\_\_ **Photo ID Included**

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

2. Name of Authorized Buyer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email (optional): \_\_\_\_\_ **Photo ID Included**

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