

People helping people in Cheshire and Sullivan Counties since 1965

Proxy Authorization

Applicant – Please Print Name
I, (Applicant), give permission to the following name individual to act as my Authorized Proxy and take the following actions on my behalf (please check all the apply):
\square Sign my Fuel/Electric Assistance application on my behalf
\square Provide any documentation requested related to my application
\square Talk to SCS regarding my application and any questions or concerns that may arise
Name of Authorized Proxy*:
Proxy's Telephone Number:
Proxy's Email Address:
Relationship to Applicant:
I understand that I have the right to withdraw this proxy authorization at any time. I understand I must provide written notification to Southwestern Community Services in the event that I choose to withdraw this authorization.
Date:/
Signature of Applicant

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