

PROXY

For: _____ (Name)
_____ (Agency)

Designee in the event of an absence: _____ (Name)
_____ (Designated Agency)

I authorize the above cited agency to act as my proxy should I be unable to attend a scheduled meeting for the upcoming year. I will make every attempt to attend every meeting, but if I'm unable to attend, I authorize the above agency to act in my behalf.

Name

Date

I agree to act as the proxy for the above cited agency. I understand that by agreeing to act as the proxy I will cover at meetings in the event of an expected absence or emergency for the above cited agency. This will include going over the details of what took place at the meeting, notifying of any changes to requirements that have been established at a meeting that was unavoidably missed. If handouts are given I will see that copies are provided to the above agency.

Name

Date