

# TAXI SCRIP PURCHASE AUTHORIZATION FORM

I hereby authorize the individual listed below to purchase my Taxi Scrip for me when I am unable to purchase these items for myself. I understand that only the name shown below may purchase Taxi Scrip on my behalf. I further understand that if a change occurs in the status of this individual, I am responsible to update my Taxi Scrip Purchase Authorization form.

ADA ID# VA- \_\_\_\_\_

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

The individual listed below has agreed to become the Authorized Taxi Scrip Buyer and acknowledges that they will need to show my Taxi Scrip Program ID card, along with proof of their identification when making a Taxi Scrip purchase on my behalf.

The City of Vacaville is NOT responsible should the authorized Taxi Scrip Buyer fail to deliver the purchased item(s) to the Eligible Buyer.

Name of Authorized Buyer: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

When returning this application, a copy of the authorized purchaser's identification will need to be taken for our records. If no proof of identification is available to copy, then the authorization form is considered invalid.

Please return this completed form in person to Vacaville City Hall, Public Works Counter, 650 Merchant Street, Vacaville, CA.

## FOR OFFICE USE ONLY:

Copy of Identification:

Authorized & Verified by: \_\_\_\_\_ Date: \_\_\_\_\_