



## EMERGENCY HOME PREPAREDNESS KIT PICKUP FORM

1.) I (your name as it appears on the Emergency Home Preparedness Kit application, PLEASE print

legibly) \_\_\_\_\_ am picking up my Kit in person.

— OR —

2.) I (your name as it appears on the Emergency Home Preparedness Kit application, print

legibly) \_\_\_\_\_ cannot pick up my **Emergency Home Preparedness Kit**. I give (name of person picking up your kit, print legibly) \_\_\_\_\_

\_\_\_\_\_ permission to pick up my kit for me. I release GMEN from all responsibilities for the pickup and delivery of my kit

Signature of Applicant: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

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

Signature of person designated to pick up kit, if applicable: (must be signed at time of pickup  
**ONLY**): \_\_\_\_\_

Printed name (of person designated to pick up kit-Please Print Legibly):  
\_\_\_\_\_

### **For Staff Use Only**

#### **Required Information**

Date of pick up: \_\_\_\_\_

Name of person picking up \_\_\_\_\_

Was valid matching ID presented for both the applicant and the person picking up the kit (if different from the applicant)?

Yes

No

\_\_\_\_\_ Staff Initials (Note: Scan & Upload this document& ID(s) to the applicant's Jotform record)