Sibley County Food Share

Name : _____ Date _____
Address: _____
City _____ State _____ Zip _____
Telephone: _____# in Household _____

The food has been visually inspected for damage. It is being delivered 'As Is" and the food shelf makes no warranty, express or implied, with respect thereto. Nor does the food shelf agree to assume responsibility or liability for any claims or damage relating to its use or consumption.
I acknowledge that I am required to show at every visit: a photo ID or another form of identification & current proof that I live in Sibley County. This can be any paper document that lists your current physical address not a P.O.Box number.

_____
Signature of Applicant

Date of Birth	Family Member	Age