

2026 APPLICATION

LIBERTYVILLE TOWNSHIP FOOD PANTRY

I DECLARE MYSELF ELIGIBLE TO RECEIVE THE LIBERTYVILLE TOWNSHIP FOOD products. I am a Libertyville Township resident.

Signature: _____

Proof of Residency Required: _____ (Copy Attached)

Name: _____

Address: _____
Including Apt # _____

Phone: _____

Number in Family: Adults _____ Children _____

I AM A RESIDENT OF LIBERTYVILLE TOWNSHIP.

I DECLARE MYSELF ELIGIBLE TO RECEIVE the Libertyville Township Food products. I understand that the Libertyville Township Food pantry does not guarantee the quality, or the condition of the items provided.

SIGNATURE _____ DATE _____