

# Delegation of Power For Sale of Chometz

ב"ה

I hereby fully empower and permit Rabbi Yosef Posner to act on my behalf to sell all Chometz owned by me (knowingly or unknowingly) as defined by the Torah and Rabbinic Law (e.g., Chometz, possible Chometz, and all kinds of Chometz mixtures), and also Chometz that tends to harden and to adhere to inside surfaces of pans, pots, or cooking and eating utensils and the utensils themselves, and all kinds of live animals that have been eating Chometz or mixtures thereof, and to lease all places wherein the Chometz owned by me may be found, especially in the premises located at the addresses listed below or on the reverse, and elsewhere.

Rabbi Posner has the full right to sell and to lease by transactions as he deems fit and proper, and for such time which he believes necessary. Also I give Rabbi Posner full power and authority to appoint a substitute in his stead with full power to sell and to lease as provided herein.

The above given power is in conformity with all Torah and Rabbinical regulations and laws, and also in accordance with the laws of the State of Illinois and of the United States of America.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

**Home:** Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Work:** Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Other:** Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Other:** Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List your cars (optional) \_\_\_\_\_

If you will be away for Pesach please give the location \_\_\_\_\_

Please list any other locations on the reverse and check here

We are glad to offer this service free of charge. If you would like to donate, we would appreciate it. Please enclose a check, or use a credit card.

Please check one: Visa  Discover  American Express  MasterCard

Amount \$ \_\_\_\_\_ One time  Monthly

Account number \_\_\_\_\_ - - - Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

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

*Return completed form by Wednesday, April 20, 2016. Responsibility cannot be accepted for forms received later.*

## Lubavitch Chabad of Skokie

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חג כשר ושמח!

