

Delegation of Authorization for Sale of Chametz 2019

Home for Pesach _____ Away (Same Time Zone) _____

Away (Different Time Zone) – Where? _____

Name _____

Home Address _____ City _____

- Please list the places **in your home** where chametz will be stored during Pesach.

TYPE OF CHAMETZ	LOCATION WHERE STORED	APPROXIMATE VALUE

If Away: Name & phone # of person with access to your home

- Please list other **places such as dormitories, offices, and vacation homes** where chametz could be found. Include the location and approximate value of this chametz.

Address: _____

TYPE OF CHAMETZ	LOCATION WHERE STORED	APPROXIMATE VALUE

Include the name and the phone number of a person with access to this location.

I, the undersigned, fully empower and permit Rabbi Shalom Baum or Rabbi Duvie Weiss or Rabbinic Intern Akiva Rosenzveig to act in my place and stead, and on my behalf and to sell all chametz possessed by me (knowingly or unknowingly) as defined by the Torah and Rabbinic Law (e.g. chametz, doubt of chametz and all kinds of chametz mixtures). This also includes chametz that tends to harden and to adhere to the inside surfaces of pans, pots or cooking and usable utensils. And to lease all places wherein the chametz owned by me may be found especially in the premises listed above and elsewhere.

Rabbi Shalom Baum or Rabbi Duvie Weiss or Rabbinic Intern Akiva Rosenzveig have the full right to sell and to lease by transactions, as they deem fit and proper for such time which they believe necessary in accordance with all detailed terms and detailed forms as explained in the general authorization contracts which have been given this year to Rabbi Shalom Baum or Rabbi Duvie Weiss or Rabbinic Intern Akiva Rosenzveig to sell the chametz.

This general authorization is made a part of this agreement. Also, I hereby give the said Rabbi Shalom Baum or Rabbi Duvie Weiss or Rabbinic Intern Akiva Rosenzveig full power and authority to appoint a substitute in his stead with full power to sell and to lease as provided herein. And to this I hereby affix my signature.

Signature: _____ Date: _____

This form should be handed to one of the Rabbis, or, if need be, can be dropped off at the Shul office, or e-mailed to rabbibaum@ketertorah.org. Please make out checks to the Keter Torah Rabbi's Discretionary Fund, or visit www.ketertorah.org and select *Mechirat Chametz* from the PayPal drop-down menu.