

AUTHORISING A PERSON OR ORGANISATION
TO ENQUIRE OR ACT ON YOUR BEHALF

Owner Information

| | | | | | | |
|-----------|---|--|---|--|---|--|
| Full Name | | | | | | |
| Phone | H | | B | | M | |
| Email | | | | | | |

| | | | | | | |
|-----------|---|--|---|--|---|--|
| Full Name | | | | | | |
| Phone | H | | B | | M | |
| Email | | | | | | |

Properties this authority relates to:

| | |
|-----------|--|
| Address 1 | |
| Address 2 | |
| Address 3 | |
| Address 4 | |
| Address 5 | |

PRIVACY NOTICE:

Council collects personal information to carry out its operations as a Tasmanian Local Government. This personal information may be used for other purposes permitted by law. The information may be shared with contractors and agents of the Council for this purpose, law enforcement agencies, courts and other organisations.

You do not have to provide your personal information but if full information is not provided the Council may be unable to action your application or request.

You can find out more about how the Council manages personal information and how you can request access or corrections to it in the Council's Privacy Policy available on the Council website or on request.

I authorise the following person/organisation to act on my behalf:

Authorised Person Information

| | | | | | | |
|-----------|---|--|---|--|---------------|--|
| Full Name | | | | | Date of Birth | |
| Phone | H | | B | | M | |
| Email | | | | | | |

Postal Address

Do you wish to have the rates notices for these properties directed to the authorised person instead of the owner? Yes No

| | |
|----------------|--|
| Postal Address | |
|----------------|--|

By signing I authorise Glenorchy City Council to update my details listed within this form.

Owner/POA Signature: _____

Authorised Person Signature: _____

If signed by Power of Attorney instead of Owner, please attach copy of POA documentation.