

# Pro-Forma - Authority to act on my behalf for the purposes relating to my Infringement Notice(s): (As set out in Section 3 – Scope of Authority to Act).

Complete this form to authorise someone to act on your behalf.

## 1. My details

Full name:

Date of birth:

Notice number(s):

Address:

Email:

Home phone:

Mobile phone:

Work phone:

## 2. My nominated person

I have entered the details below of the person I have authorised to act on my behalf.

Full name:

Relationship to me:

Postal address:

Suburb:

City/Town:

Post Code:

Country:

Email address (if applicable):

Home phone:

Mobile/Work phone:

## 3. Scope of Authority to act

☐ To correspond with the Police Infringement Bureau

☐ To request a Court hearing

☐ To request my Traffic Infringement History

☐ To make a payment enquiry

☐ To request a photograph

☐ To transfer liability

Details of issue my nominated person is authorised to correspond with the Police Infringement Bureau about.

This authority to act covers the following notice number(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## 4. Declaration

- I authorise the Police Infringement Bureau to act on the instructions of my nominated person for the purpose(s) specified above.
- I understand and agree that the Police Infringement Bureau is not responsible for any actions of my nominated person using this authority.
- I understand that this authority comes into effect from the date the Police Infringement Bureau receive this form.
- I understand that I am giving my nominated person authority to access my personal information held by the Police Infringement Bureau by telephone, email and letter.
- I understand I can write or email to the Police Infringement Bureau at any time to cancel this authority.

Signature:

Date: