

INFRINGEMENT NOTICE(S)

Pro-Forma – Authority to act on my behalf for the purposes relating to my Infringement Notice(s)

1. My Details:

I (Full Name): _____ Address: _____

(Date of Birth): _____ Notice Number(s): _____

(Email): _____ Telephone No's: _____

2. My Nominated Person: I have entered the details below of the person I have authorised to act on my behalf.

Full Name: _____ Address: _____

Relationship to me: _____

(Email): _____ Telephone No's: _____

3. Scope of Authority to Act

To request my 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 Kawerau District Council about.

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

1) _____ 2) _____ 3) _____

4. Declaration

- I Authorise the Kawerau District Council to act on the instructions of my nominated person for the purpose(s) specified above.
- I understand and agree that the Kawerau District Council 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 Kawerau District Council receive this form.
- I understand that I am giving my nominated person authority to access my personal information held by the Kawerau District Council by telephone, email and letter.
- I understand I can write or email to the Kawerau District Council at any time to cancel this authority.

Signed: _____ Date: _____

When we collect, use and store information, we comply with the Privacy Act 1993.

Print, complete & send to Kawerau District Council, Private Bag 1004, Kawerau 3169 or Email to: kaweraudc@kaweraudc.govt.nz