

Authority to Act Form

The following form is provided for those property owners who wish to nominate an individual/s to have Authority to Act on their behalf.

Instructions: Please print clearly in the spaces provided.

Property Details

Lot No	Street No
<input type="text"/>	<input type="text"/>
Street address	
<input type="text"/>	
Suburb	Reference No
<input type="text"/>	<input type="text"/>

Property Owner Details

First name	Last name	
<input type="text"/>	<input type="text"/>	
Date of birth	Contact number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorisation instructions if any:

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.....

Authorised Person/s Details

First name	Last name	
<input type="text"/>	<input type="text"/>	
Date of birth	Contact number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supporting documents (if any) attached: Yes No

Property Owners

Signature/s

Date

By completed and signing this document you acknowledge and give consent for the City of Swan Staff to communicate with the authorised person on your behalf.

Please print and send completed form to the City of Swan by email or mail to:

Email: swan@swan.wa.gov.au **Mail:** City of Swan, PO Box 196, Midland WA 6056