



Authority to Act

To authorise someone to act on your behalf

Note:

- **Print clearly using BLOCK LETTERS in the space provided and tick the appropriate boxes**
- If all sections are not completed, **your application cannot be processed**
- Providing a false or deliberately misleading statement may lead to a prosecution under Section 307A of the *Crimes Act 1900*
- Please send your completed form to State Debt Recovery, PO Box 786, Strawberry Hills NSW 2012; or scan and email us via www.sdro.nsw.gov.au/contact

My details

I (full name of person named on fine)

Address

Suburb

Date of birth

/ /

DD MM YYYY

State

Postcode

Licence no.

Best contact no.

Email

Note: Please select preferred contact address:

Address

Email

Person authorised to act on my behalf

Full name

Address

Suburb

Date of birth

/ /

DD MM YYYY

State

Postcode

Best contact no.

Extent of authority

1. Please tick one of the boxes below. This authorisation is:

to be ongoing for all dealings I have with your office until I advise otherwise or

to last from / / 20 to / / 20 or

DD MM YY DD MM YY

to last for today only

2. Please tick one of the boxes below. This authorisation is:

in relation to all my fines or

only in relation to the following fines (enter the penalty notice and/or the Overdue Fine(s) numbers below):

Signature

Date

/ / 20

DD MM YY

Privacy statement

Information collected from you for the purpose stated on this form may be provided to third parties with your consent or as required or permitted by law. OSR will correct or update your personal information at your request. Read more about privacy at www.osr.nsw.gov.au