

## Authority to Act

To authorise someone to act on your behalf

**Note:**

- Providing a false or deliberately misleading statement may lead to a prosecution under Section 307A of the *Crimes Act 1900*
- Print clearly in the boxed spaces
- Please send your completed form to the Secretary, Fines Hardship Review Board, PO Box A2571, Sydney South NSW 1235

I, (full name)

of (address)

authorise (full name)

to act on my behalf in all dealings I have with the Fines Hardship Review Board, until I advise otherwise.

Signature

Date

/ / 20

### Authorised person's details

Signature

Date

/ / 20


Address


Phone

### Privacy statement


The information in this form is required by the Fines Hardship Review Board to determine your financial circumstances. The information may be provided to third parties with your consent or as required or permitted by law. You may correct or update personal information by contacting the FHRB

### Contact details

 (02) 6354 7116 (Monday – Friday, 9.00 am – 5.00 pm)

 [www.hrb.revenue.nsw.gov.au](http://www.hrb.revenue.nsw.gov.au)

 [fineshrb@revenue.nsw.gov.au](mailto:fineshrb@revenue.nsw.gov.au)

 Help in community languages is available

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