

## **Government Information (Public Access) Act 2009 THIRD PARTY AUTHORITY FORM**

This form is to be used if you wish to authorise another person to enquire or act on your behalf when dealing with Bland Shire Council regarding your personal information.

1. Your details
Surname: Title: Mr / Ms / Dr
Other names
Postal address:Postcode:
Day-time telephone:
Facsimile:
Email:
☐ I agree to receive correspondence at the above email address.
2. Nomination
Do you authorise a person or an organisation to enquire or act on your behalf?
□ Person □ Organisation
3. Individual details
Surname: Title: Mr / Ms / Dr
Other names
Postal address:
Day-time telephone:
Day-time telephone: Facsimile:

4. Organisation details
Name of Organisation:
ACN / ABN:
Company Contact:
Postal address:
Day-time telephone:
Facsimile:
Email:
☐ I agree to receive correspondence at the above email address.
5. Reason
What is the reason for making the arrangement?
□ Voluntary
☐ Power of Attorney (please supply supporting documentation)
6. Information about the Property
Street Address:
Lot Number: DP or SP Number:
Development Application Number (if applicable):
7. Timeframe
How long do you want this arrangement to last?
☐ Indefinitely <b>OR</b> From to

## Please describe any specific instructions of any information that you do not want a third party to have access to.

## 9. Authorisation

8. Specific Instructions

Please post this form or lodge it at:

Right to Information Officer Bland Shire Council 6 Shire Street PO Box 21 WEST WYALONG NSW 2671

Email: council@blandshire.nsw.gov.au