

Authority for an Agent to Act

I, _____ (please print name)
of _____ (please print address)
hereby authorise _____ (please print name)
of _____
(please print company name and/or address details above)

to act on my behalf in relation to the claim I have made against City of Stonnington Council
regarding damage to the property located at:

_____ (please print address)

I authorise City of Stonnington to discuss my claim with and to refer all correspondence regarding
my claim to _____ (please print name).

I understand that acceptance of this Authority does not represent an acceptance of any liability on
the part of Council in respect of my claim.

Finally, I acknowledge that in the event of any settlement of my claim any release will be required
to be signed by me.

Dated:

Signed:

Witness Signature:

Witness Name:
(Please print name)