Office of the Road Safety Camera Commissioner

Locked Bag 14, Collins Street East Melbourne VIC 8003 T 1300 651 838 W cameracommissioner.vic.gov.au

THIRD PARTY AUTHORISATION FORM

Consent to obtain/release information and authority to act

I,(NAME IN FULL)	
Of Number and Street	
Suburb, State, Postcode	
Phone Number	Infringement Number
Hereby giv	e
	(FULL NAME AND ADDRESS)
Phone number	
Road	uthority to obtain information and act on my behalf regarding my enquiry to the Safety Camera Commissioner, including the release of confidential information ated with this enquiry.
I wou enqui	ld also like to be provided with copies of all correspondence in relation to my y.
Signature	
Name in full	
Please fill in this form and either:	

- Mail it to Locked Bag 14, Collins Street East, Melbourne VIC 8003, or
- Upload it as an attachment with your webform enquiry.

Privacy Statement

The Office of the Road Safety Commissioner values the privacy of every individual and is committed to handling personal information and adopts and complies with the Department of Justice and Community Safety's Information Privacy Policy in accordance with the privacy principles contained in the *Privacy and Data Protection Act* 2014 (Vic). Protecting your privacy by handling your personal information in this manner is an important aspect of our work.