

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 give

.....
(FULL NAME AND ADDRESS)

Phone
number

- ☐ The authority to obtain information and act on my behalf regarding my enquiry to the Road Safety Camera Commissioner, including the release of confidential information associated with this enquiry.
- ☐ I would also like to be provided with copies of all correspondence in relation to my enquiry.

Signature

.....
Name in full

.....
Please fill in this form and either:

- Mail it to PO Box 24007, Melbourne VIC 3001, 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.