

**Authorising a person/agency
To act on your behalf**

Complete this section **ONLY** if you are authorising someone to act on your behalf

Name of person / agency acting on your behalf

Address of person / agency acting on your behalf

Unit/House number Street/Avenue

Town/Suburb Postcode

Phone Mobile

I authorise the persons/agencies named on this form to act on my behalf in matters concerning my Internal Review. I know that I can change my mind and stop my consent at any time by writing or telling Housing NSW unless there is a current legal order in place.

Full name

Date

Signature

Signature

Full name

Applicant's Signature

Date

Where do I lodge this form?

You can lodge this form by mailing it to:

**Right to Information Unit
Housing NSW
Locked Bag 4001
Ashfield BC NSW 1800**

General information about the GIPA Act is available by calling the Office of the Information Commissioner on freecall 1800 INFOCOM (1800 463 626) or at its website: www.oic.nsw.gov.au

**Office
Use
Only**

Date application received

File reference