



To authorise someone to act on your behalf.

**Note:**

- **Print clearly using BLOCK LETTERS in the space provided and tick the appropriate boxes**
- If all sections are not completed, **your authorisation cannot be processed**
- Providing a false or deliberately misleading statement may lead to a prosecution under Section 307A of the *Crimes Act 1900*
- Please send your completed form to Debt Recovery Unit, PO Box 533, Burwood NSW 1805; or scan and email to **tss.towing@transport.nsw.gov.au**

### My details

I (full name of person named on the invoice)

Address

  
  
 Postcode

Driver licence number

Date of birth

 /  /   
day month year

Phone

Email address

Please select preferred contact method

- Address       Email

Tax invoice number

Vehicle registration number

### Person authorised to act on my behalf

Full name

Address

  
  
 Postcode

Date of birth

 /  /   
day month year

Phone

Email address

### Extent of authority

Please tick one of the boxes below. This authorisation is:

- to be ongoing for all dealings I have with your office until I advise otherwise or
- to last from  /  /  to  /  /  or
- to last for today only.

This authorisation is in relation to my towaway invoice(s).

Signature

Date

 /  /   
day month year

### Privacy Statement

Transport for NSW (TfNSW) is collecting your personal information to process your request/application. TfNSW will not disclose your personal information without your consent unless authorised by law.