

AUTHORISING A 3RD PARTY TO ENQUIRE OR ACT ON MY BEHALF ABOUT MY FINES

Section B: Who are you nominating to enquire or



Section A: Type of authority

occuon A. Type of authority	act on your behalf?
 What type of authorisation would you like? (select one option) 	Please complete the details for any individual or organisation you are authorising to enquire or act on your behalf.
Authority to act : authorise a person to discuss, act an decisions on your behalf, such as:	nd make Individual nominee
 request a review of your fine apply for a payment arrangement (pay by instalme or more time to pay) update your contact details 	4. Given name(s)
Authority to communicate: authorise a person to ma enquires and discuss your fines	ke 5. Family name
2. Which fines would you like to provide authorisation for? (select one option)	6. Contact phone number
All current and future fines	7 Funcil colding a (aution al)
OR	7. Email address (optional)
Only the following OR All fines, exc fines (list below) following (list	·
	8. Organisation name
	9. Street address
	10. Postal address (if the same as the street address write 'As Above')
Please note: Your authorised person can only act on the fines	vou
include here. If the authorisation does not cover all your fines it affect what the person can do on your behalf.	
3. How long would you like the authorisation	to last?
(select one option) Please note: You, or the person you give authority to, can can authority at any time by contacting Fines Victoria.	cel an 12. Email address (optional)
Ongoing	13. Your reference number within the organisation (optional)
Until a specific date	(Ομισταί)

UPON COMPLETION

Mail to: Fines Victoria, GPO Box 1916, Melbourne 3001.

Submit online: fines.vic.gov.au/contact-us (click submit an online enquiry)

Submit In person: Fines Victoria Ground Floor, 277 William Street Melbourne, Victoria

FURTHER ENQUIRIES If you have any questions regarding this request, please contact Fines Victoria on (03) 9200 8111

Section C: Your details	Section D: Your consent to this authorisation
14. Given name(s)	I declare that the information I have supplied in this form, and any attachments to this form, are true and correct to the best of my knowledge.
15. Family name	I understand that it is my responsibility to ensure that the person I nominate is aware of what I am allowing them to do and any limitations I place on this authority.
16. Date of birth	22. Your signature
17. Current residential address	
	23. Date
18. Current postal address (if the same as your current residential address write 'As Above')	
19. Contact phone number	
20. Email address (optional)	
21. Driver licence number (optional)	
Driver licence number State/Country of issue	
Citato/Odditu y di 18800	

Additional Notes

- 1. Your nominee must be over 18 years of age.
- 2. You do not need to complete this form if:
 - 2.1. You have retained a lawyer to act on your behalf, or
 - 2.2. You have executed a Power of Attorney, which is current and covers making decisions in relation to fines.
- 3. It is your responsibility to ensure that the person you nominate is aware of what you are allowing them to do and any limitations you place on this authority.
- 4. You, or the person you give authority to, can cancel an authority at any time by contacting Fines Victoria on 03 9200 8111.
- 5. This authority will not apply to:
 - 5.1. making a nomination statement under the *Road Safety Act 1986*.
 - 5.2. any election or application to refer a matter to the Magistrates' Court.
- 6. More information about authorising another person is available at fines.vic.gov.au or by contacting Fines Victoria on 03 9200 8111.

Privacy Statement | Information (including personal information) is collected by this agency in accordance with the *Privacy and Data Protection Act 2014* (Vic) and is not disclosed to third parties unless authorised by law or with your consent.