Personal Authority form

MORNINGTON PENINSULA Shire

Primary property address			
Property no			
Street address			
Suburb		Post Code	
Your details			
Full name			
Phone number			
Your residential address (if different to property)			
Street address			
Suburb		Post Code	
Details of the person you want to give full authority ^			
Full name			
Address			
Suburb		Post Code	
Phone number		DOB	
Email address			
Today's date	/ /		
Your signature			

^ As the property owner please tick which authority you are issuing to this person:

☐ I give authority to this person to discuss ALL matters with Mornington Peninsula Shire relating to the primary property.

☐ I give authority to this person to order/discuss matters in relation to Green Waste Bin services with Mornington Peninsula Shire at the primary property.

☐ I give authority to this person to order/discuss matters in relation to Extra Capacity Bin services with Mornington Peninsula Shire at the primary property.

Privacy statement:
The information on this form is being collected by the Mornington Peninsula Shire and its authorised contractors in accordance with its Privacy Policy and the Privacy and Data Protection Act 2014 for the purpose of community consultation and engagement.

Return this form to: Mornington Peninsula Shire Council, Private Bag 1000, ROSEBUD VIC 3939 or at any Shire Office.