

AUTHORITY TO ACT FORM

1 OWNER/S DETAILS

Name of first owner**Company Name and ACN: (if applicable)****Address**

Street Address:	
Suburb:	
State:	Post Code:
Phone Business hours:	Mobile:
Email:	

Name of second owner (if the application is also made on behalf of a second owner)**Company Name (if applicable)****Address**

Street Address:	
Suburb:	
State:	Post Code:
Phone Business hours:	Mobile:
Email:	

2 SITE DETAILS

Address (please note a copy of title search/contract of sale is required to confirm ownership of the land/building)

Street Address:	
Suburb:	
State:	Post Code:

DECLARATION

I confirm I am the owner of the above site and I authorise the following person(s) to act on my behalf:

Name of person or representative:

I also acknowledge that it is an offence to knowingly make any false or misleading statement or provide any false or misleading information to the Building Appeals Board in relation to an application (section 246 of the *Building Act 1993*).

SIGNATURE OF FIRST OWNER: _____

PRINT NAME: _____

DATE: _____

SIGNATURE OF SECOND OWNER: _____

(If the application is also made on behalf of a second person)

PRINT NAME: _____

DATE: _____