

## AUTHORITY TO ACT FORM

### 1 OWNER/S DETAILS

Name of first owner

Company Name

Address

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

Name of second owner (if the appeal is also made on behalf of a second owner)

Company Name

Address

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

### 2 SITE DETAILS

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

Street Address:	
Suburb:	
State:	Post Code:

## 3 SIGNATURE OF OWNER/S

### 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 agent or legal firm: \_\_\_\_\_

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 Act).

SIGNATURE OF FIRST OWNER: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF SECOND OWNER \_\_\_\_\_  
(If the appeal is also made on behalf of a second person)

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_