



**Post:** GPO Box X2293 PERTH WA 6847  
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## Authority to Act

Consent				
I,		(full name) give consent to		
_____		(full name) in the state of Western Australia to		
obtain all information and documents and act on my behalf in relation to matters registered in my name with the Fines Enforcement Registry.				
Your details				
Full name:				
DOB		MDL		
Email:		Vehicle/s		
Current address:				
Suburb:		Postcode		State
Previous address:				
Suburb:		Postcode		State
Consent to				
Full name:				
Email:			Mobile:	
Address				
Suburb		Postcode:		State:
Client signature:		Date:		