

Ombudsman Western Australia

Authority to Act Form

Our Ref:

I, _____ *[Full Name]*

of _____ *[Address]*

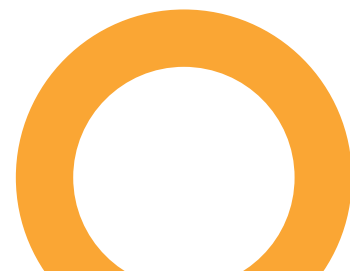
appoint _____ *[Representative's Name]*

to act for me regarding my complaint about _____ *[Agency]* to

provide the Western Australian Ombudsman's Office with details of my complaint and any supporting documents and to discuss my complaint with the Ombudsman and his staff.

(Signature)

(Date)



Ombudsman Western Australia

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