o

**AUTHORITY**

To Whom It May Concern

I …………………………………………………………………………

Of ……………………………………………………………………….

Phone: …………………………………………

Email: …………………………………………..

Date Of Birth: ……/……/……..

Authorise the Northern NSW Aboriginal Tenants Advice and Advocacy Service to:

* Represent me

* Negotiate on my behalf
* Conciliate on my behalf
* View my file and access information on my behalf
* Seek legal advice from the Tenants Union (as required)

In matters before the Residential Tenancies Tribunal and with landlords or their agents in relation to my tenancy at: *(If same as current address write “as above”)*

Address: ……………………………………………………………………………………

*I have read the Rights and Responsibilities of a client of this Service and I agree to abide by this.*

Signed:……………………………………………………….Date:……………………..