

Agent/Representative Authorization Form

Instructions:

Complete this form if you are authorizing a person to act on your behalf during a Screening Review or a Hearing Review appointment.

The authorized person will bring this completed form with them to the scheduled Screening Review or Hearing Review appointment.

I, _____ hereby authorize _____
(Print your name) (Print authorized persons Name)

To act and appear for me as my agent in the matter pertaining to Penalty Notice(s):

(Penalty Notice Number) (Penalty Notice Number) (Penalty Notice Number)

They may enter a plea to any infraction they deem fit towards completion of this/these matter(s), as authorized by me in writing.

I am aware that if there is a fine to be paid after the Screening Review or Hearing Review appearance, the ultimate responsibility to pay the fine(s) rests with me.

(Signature of person giving Authorization) (Date)

(Signature of authorized person) (Date)