

Appointment of an Agent

This form is to be completed by the tenant to authorise a person ('the agent') to act on their behalf in relation to their rights and obligations under the Residential Tenancy Agreement while they are absent from their dwelling. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week.

Client reference number	T File number	Payment reference number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration

Title	<input type="text"/>	
	Mr, Mrs, Ms, Miss, Mx	
Last name or family name	<input type="text"/>	
Given name (s)	<input type="text"/>	
Of (residential address)	Unit/House number	Street/Avenue <input type="text"/>
	Town/Suburb	Postcode <input type="text"/>
Contact number	<input type="text"/>	
Email	<input type="text"/>	

Do hereby appoint (please print full name)

Mr/Mrs/Ms/Miss/Mx	Family name	<input type="text"/>	
	Given name (s)	<input type="text"/>	
Of (address)	Unit/House number	Street/Avenue <input type="text"/>	
	Town/Suburb	Postcode <input type="text"/>	
Contact number	<input type="text"/>		
Email	<input type="text"/>		
Date of birth	<input type="text" value="DD / MM / YYYY"/>		

As my agent during my absence from the dwelling

From (date)	<input type="text" value="DD / MM / YYYY"/>		
To (date)	<input type="text" value="DD / MM / YYYY"/>		
Reason for absence from dwelling	<input type="text"/>		
Address of tenant while absent from property (maximum of 26 weeks)	Unit/House number	Street/Avenue <input type="text"/>	
	Town/Suburb	Postcode <input type="text"/>	
Country	<input type="text"/>		
Contact number	<input type="text"/>		

I have authorised my agent to accept service of any notices which may be given to me as a tenant under the Tenancy Agreement, or under the *Residential Tenancies Act 1987*.

Signature of tenant

Date

I acknowledge that I have been authorised as stated before.

Signature of agent

Date

Office Use Only

Approved letter (agent) sent

Approved letter (tenant) sent

Declined letter sent

Name of DCJ Officer (please print)

Signature

Date