



Government  
of South Australia

Housing Safety Authority



# Authorisation for third party to act on behalf

To the Manager, Housing Safety Authority

GPO Box 1669

Adelaide, SA 5001

Via email: [housingsafety@sa.gov.au](mailto:housingsafety@sa.gov.au)

## Client details

<b>Name</b>			
<b>Address</b>			
<b>Contact number</b>		<b>Email</b>	

## Authorised person details

<b>Name</b>			
<b>Relationship to you</b>			
<b>Agency name</b>			
<b>Contact number</b>		<b>Email</b>	

## Your signature

By signing this form, I am confirming I have read, understood and agree to all the below terms and conditions.

- I authorise the person identified above to act on my behalf in relation to the property issues at my address listed above.
- My authorisation will be effective from the date of this form.
- My authorisation will cease upon the Housing Safety Authority closing their records on the matter or if I notify the Housing Safety Authority in writing.

<b>Signature</b>	<b>Date</b>
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