

# Authority to Act Form

CTD/004274



Account holders should complete this form when you want someone else to:

- access my private information and records of my dealings with LMW
- change my private information and give LMW any new information about me

## Account Holder Acknowledgement

I understand and confirm that *(please tick all applicable)*:

- ☐ I am the account holder
- ☐ The information provided in this application is true and complete to the best of my knowledge
- ☐ LMW may refuse this application if it becomes evident that information or any supporting documentation provided is incomplete or false
- ☐ Those I authorise can access my private information and records of my dealings with LMW, and can also change my private information and give LMW any new information about me
- ☐ This Authority to Act can be withdrawn or amended by me at any time by notifying LMW in writing
- ☐ I will receive a letter from LMW confirming this arrangement
- ☐ If a Company, a copy of Company registration is included with this agreement

**Full name of person providing authority, and position if a company**

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**Signature**

**Date**

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## Privacy Statement

Lower Murray Water (LMW) is committed to protecting personal information provided by you in accordance with the principles of Victorian privacy legislation. The information you provide will be used for the purpose of providing water and sewer services. The personal information being collected will generally be made available to our employees/contractors/advisors/agents/authorised person or business as nominated on this Authority to Act form, to allow services to be provided to you.

If all the requested information is not provided, LMW will be unable to process your request/application. You may request access to, or correction of, documents that contain your personal information, which is in our possession. For information on how to make a request for access or correction, please contact us via **[privacy@lmw.vic.gov.au](mailto:privacy@lmw.vic.gov.au)**.

In some cases, requests for access or correction will be handled in accordance with the Freedom of Information Act 1982 (Vic).

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## Applicant details

### Account Holder

Is the account holder an individual or company?

☐ Individual ☐ Company (*select one*)

Please provide at least one phone number that is on your LMW customer record:

<b>Preferred phone number</b>	
<b>Email</b>	

### Property Details

<b>Account Number</b>	
<b>Address</b>	

## Authorised person/company details

Please provide information about who you are giving authority to make enquiries and changes for you.

Is the authorised an individual or company?

☐ Individual ☐ Company (*Attach ASIC Registration Details*)

<b>Person or Company name</b>	
<b>If Person, their DOB</b>	
<b>If Company, its ABN/ACN</b>	
<b>Phone/Mobile</b>	
<b>Email</b>	

#### Office Use Only – LMW staff

- ☐ Account holder details on LMW system match this form
- ☐ Verification process (phone call to account holder) at time of submission
- ☐ Confirmation letter sent to account holder