



# Representative Authorization Form

I, \_\_\_\_\_, (name of individual), authorize  
\_\_\_\_\_ (name of representative), to act as my representative before  
the Local Governance Commission in relation to the following (please describe the nature of your complaint):

By appointing a representative, I understand that the Local Governance Commission may communicate directly with them.

I also understand that through this authorization, my representative will have the power to make decisions on my behalf.

I authorize the Local Governance Commission (including the Chair, its employees, and the members of the Commission) to disclose my personal information to my representative.

## Contact information for representative:

*Please be advised that all information shared with the Local Governance Commission is confidential. However, we may share this information with other government entities, as required, during an investigation. We require your contact information so that we may contact you.*

<b>Name of representative:</b>	
<b>Representative’s organization (if any):</b>	
<b>Mailing address:</b>	
<b>E-mail:</b>	
<b>Telephone number:</b>	<b>Alternate number:</b>



<b>Individual's Name</b>	<b>Date</b>

<b>Representative's Name</b>	<b>Date</b>

