

# Authorisation for representation by telephone

## About this form

This form allows you to authorise someone to inquire about your affairs with the Municipality of Rotterdam by telephone. Please fill in the form together with the authorised representative. You and the authorised representative must both sign the form.

## Privacy

The municipality handles your data with care.

You can read more about this at [Rotterdam.nl/privacy](https://rotterdam.nl/privacy).

### ■ Your details (of the person making the request)

Surname *(married women enter birth name here)*

Initials

Date of birth *(day/month/year)*

Place of birth

Address

Postal code *(1234AB)*

City/town

Email address *(yourname@example.nl)*

### ■ Details of the authorised representative (of the person being authorised)

Surname

Initials

Date of birth

Place of birth

Address

Postal code *(1234AB)*

City/town

## ■ Period of authorisation

End date of autorisation

*An end date is not obligatory, an authorisation is always valid for one year.*

## ■ Products

Municipal taxes

Parking products

Current social security benefits (not applications)

Status requests regarding civil affairs

Status requests regarding care

Other, namely:

## ■ Signature

Date

Date

Your signature

Representative's signature

## ■ Sending

**Please include a copy of a valid identification document for both persons.**

Send this form to: (postage stamp is not required)

Gemeente Rotterdam

Cluster Dienstverlening

Antwoordnummer 1790

3000 VB Rotterdam

**Only fully completed forms with a copy of a valid identification document for each person will be processed.**