

Authorisation for representation by telephone for revocation or change

About this form

You can use this form to change or revoke an issued authorisation. Only the person who issued the authorisation needs to complete this 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*)

I have authorised someone to act on my behalf. I would like this authorisation:

To be revoked

To be amended

■ Revoking authorisation

I wish to revoke the authorisation from: (*Day/month/year*)

■ Changing the authorisation

Please indicate below the categories for which you want to issue an authorisation. Also select the categories for which you have already issued an authorisation

Municipal taxes

Parking products

Current social security benefits (not applications)

Status requests regarding civil affairs

Status requests regarding care

Other, namely:

■ Period of authorisation

End date of authorisation

An end date is not obligatory. Without an end date, the authorisation is valid for one year.

■ Signature

Date (day/month/year)

Your 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.