Appeal No: ……

RESOURCE MANAGEMENT AND PLANNING APPEAL TRIBUNAL

The Resource Management & Planning Appeal Tribunal
GPO Box 2036
HOBART TAS 7001
(6th Floor, 144 Macquarie Street, Hobart)
Email: rmpat@justice.tas.gov.au
Phone: (03) 6165 6794

The Tribunal has issued Practice Directions which are available on the Tribunal website at www.rmpat.tas.gov.au. They are also available in hard copy form at the Tribunal Registry.

Please ensure parts A & B are completed by the relevant person.

AUTHORITY TO ACT FORM

PART A – PERSON WHO IS REPRESENTED

I/We: ..... of: .....
(Insert name) *(Insert full address)*

Authorise: .....
(Insert full name)

to act on my behalf as my representative in proceedings .....
(insert appeal reference number)

I acknowledge I have read this form and the Tribunal's Practice Directions and that it is my responsibility to seek suitably qualified advice if I did not understand any requirements of this document or the Practice Directions.

I acknowledge that in appointing: ..... as my representative that:-
(insert representative name)

1. I will provide my representative with all necessary instructions and directions with regards to the proceedings in a timely manner and as required by the Tribunal's Practice Directions and any directions issued by the Tribunal;

2. My representative may enter into arrangements, mediation or ADR negotiations (including settlement of proceedings through ADR) or agree to Tribunal directions or orders which are binding on me and I authorise my representative to do so; and

3. I will ensure I am readily contactable in the event I am required to give additional instructions to my representative and that if I fail to do so, my status as a party may be revoked in the proceedings.

Signed: .....

Dated: .....

Email address: .....

CONTINUED OVERLEAF

PART B – PERSON WHO IS REPRESENTING

I..... of .....
(insert name) *(insert full address)*

accept responsibility to act for: .....
(insert full name)

as their representative in proceedings .....
(insert appeal reference number)

I acknowledge I have read this form and the Tribunal's Practice Directions and that it is my responsibility to seek suitably qualified advice if I did not understand any requirements of this document or the Practice Directions.

I acknowledge that in being appointed as representative of: ..... that:-
(insert representative name)

1. I am responsible for entering into arrangements and / or consenting to Tribunal directions or orders which will be binding upon the person I represent;

2. I confirm I understand that in entering into arrangements, mediations or ADR negotiations (including settlement of proceedings through ADR) or consenting to directions or orders, I have obtained the necessary instructions from the person I represent to do so; and

3. I must attend all listings of the Tribunal and adhere to all Practice Directions as required.

Signed: .....

Dated: .....

Email address: .....

PLEASE NOTE: If you provide an email address you consent, pursuant to Section 6 of the *Electronic Transactions Act 2000* to the Tribunal using that address as its primary method of contact and provision of information and notification and the Tribunal will not forward hard copy documentation unless specifically requested. It is vital that you ensure you provide the Tribunal with your correct email and that you **check your email account on a daily basis** in the event of important communications from the Tribunal.