Mandate form to file an objection to Truck toll

My details (name on the objection)

Business details (*if applicable*)

Company name:

Street and house number:

Zip code and city:

Personal details
If the decision is in the name of a company, please enter the information below for the person signing this authorization on behalf of that company.

Last name:

Initials:

Street and house number:

Zip code and city:

Details authorized representative (the person filing the objection on my behalf)

Last name:

Initials:

Street and house number:

Zip code and city:

I authorize the representative to file an appeal on my behalf and to represent me throughout the entire appeal process against the following decision:

☐ Fine (CJIB- or fine number):

☐ Exemption decision (Our reference):

Location:

Date:

My signature: Signature of authorized representative:

If you wish to revoke the authorization, you must notify us in writing.