

Cancellation of authorisation

I have authorised another person to act on my behalf in matters concerning Disability Services. I now wish to cancel that authorisation.

Client of Disability Services

Name	Telephone number	Personal identity code
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This cancellation applies to the following person's authorisation to act on my behalf in matters concerning Disability Services:

Person whose authorisation is cancelled

Name	Telephone number	Personal identity code
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This cancellation applies to the handling of all my affairs concerning Disability Services. If you want to retain part of the authorisation or transfer the authorisation to another person, we ask you to submit a new authorisation to the City of Espoo Disability Services.

Information on this cancellation will be entered in the social services client register.

Signature and date

Place and date	Signature of the person cancelling the authorisation and name in block letters
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