

## POWER OF ATTORNEY

Date

### Information of the person giving authorisation

Last name	First names
Personal identity code	Telephone number
Address	Postal code and city/town

### Information of the authorised person

Last name	First names
Personal identity code	Telephone number
Address	Postal code and city/town

### Authorisation

I authorise the above person to (check the correct box and underline the correct service)

Prepare and sign, on my behalf, the income statement for long-term housing services, family care, institutional care, home care or domestic services.

Sign, on my behalf, the consent form to have my income information checked for the purposes of determining the client fee for long-term institutional care, family care, long-term housing services, home care or domestic services.

Receive, on my behalf, income statements and client fee decisions made for me at the address they have provided.

Take care of all client fee matters on my behalf.

### Signature and name of the person giving authorisation

The power of attorney will be in force from the date of signature for as long as the client is in long-term institutional care, lives in a housing service unit or is a client of home care or domestic services. The power of attorney can be cancelled at any point without giving a reason. The City of Espoo's client fees unit must be informed of the cancellation.

Place and date	Signature and name in block letters
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City of Espoo  
Social and Health Services  
Sector Management  
Client Fees  
P.O. Box 207, 02070 City of Espoo

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