



AUTHORITY TO LEAVE FORM

**PLEASE NOTE: RETURNING THIS FORM WILL NOT REARRANGE A DELIVERY.
REDELIVERIES WILL STILL NEED TO BE MADE BY PHONING US ON 5462 1590.**

NAME/COMPANY NAME:

ADDRESS:

SUBURB:..... **Postcode:**

DAYTIME PHONE NUMBER:

PLEASE NOMINATE A SAFE AREA FOR THE DRIVER TO LEAVE YOUR FREIGHT:

.....

.....

By signing this form, I understand that all dogs must be restrained in order for the driver to enter the premises and that freight left under my authority is done so at my own risk.

SIGNATURE: _____ **DATE:** _____

Please return this completed form to admin@cookstransport.com.au