

# POWER OF ATTORNEY



My name is: \_\_\_\_\_

My address is: \_\_\_\_\_

\_\_\_\_\_

My telephone number is: \_\_\_\_\_

I give power of attorney to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

He/she shall, instead of me, attend to the complaint I have lodged with the Parliamentary Ombudsman (be my "party representative").

My complaint concerns: \_\_\_\_\_

\_\_\_\_\_

I realise that all letters from the Parliamentary Ombudsman's office will be sent to him/her for the duration of the power of attorney.

The power of attorney is cancelled when the Parliamentary Ombudsman has concluded his investigation of the case. I may, however, cancel the power of attorney at any point in time by informing the Parliamentary Ombudsman's office.

\_\_\_\_\_

(Place, date)

\_\_\_\_\_

(Signature)

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Danish Parliamentary Ombudsman  
Gammeltorv 22  
DK-1457 Copenhagen

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[post@ombudsmanden.dk](mailto:post@ombudsmanden.dk)

**Case No.**