

**AUTHORITY**

To Whom It May Concern,

I give authority to John Miller Law to act on my behalf and access to my files relating to my ACC Claim.

I instruct John Miller Law to file a review of the ACC decision declining my claim.

John Miller Law also has the authority to receive any legal representation and surgery costs from ACC, Disputes Resolution Services, and the Courts

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_