

Authorization Letter
(For Notification of Change of Residence)

YYYY MM DD

To: The Mayor of Nomi City

Delegator (Person changing residential address)	
Address	
Name	
Date of Birth	YYYY MM DD

I hereby authorize the person named below to act as proxy for submitting notification of

☐Moving-in ☐ Moving-out ☐Change of Residential Address ☐_____with regard to the

Basic Resident Register of _____(person changing residential address)

Proxy (person carrying out notification procedures at the City Office)	
Address	
Name	
Date of Birth	YYYY MM DD

*The “Delegator” column must be signed. If it is not possible to print out the Authorization Letter, please provide an Authorization Letter in your preferred format, ensuring to include the above content.