AUTHORITY TO LEAVE

Connote Number:
Receivers Name:
Address:
Location for package to be left:
I release and indemnify the carrier from all liablitity arising from any loss or damage caused by leaving this consignment as I have directed.
Signature:
Print Name:
Date:

Please print this form and clearly complete ALL of the above fields, and leave the form at the location of the delivery.

Drivers will not leave the consignment at the nominated location without a signature.

The location you have requested must be reasonably secure and waterproof. If not, the driver may decide not to leave the consignment.