

Power of Attorney

(For resident record requests and notification of a change of address)

Date (YYMMDD): _____

To: Mayor of Chuo City

Mandator Address:

Name:

Seal

Birth Date (YYMMDD):

Phone Number: ()

(Daytime contact number)

Note: Mandator must write his/her name in his/her own hand.

I appoint the following person as my representative, and entrust the powers indicated below.

Representative Address:

Name:

Birth Date (YYMMDD):

Note: Please check the boxes to indicate what you entrust.

Request to issue and receive ____ copies of **my resident record**.

Note: Please check the relevant box(es).

If you do not check any boxes, all registered items excluding your information are omitted in the copy.

Registered items you need in the copy.

All of the members of the household

Some of the members of the household

(The name(s) of the person(s) whose information you need: _____)

Legal domicile Needed Unneeded

Relationships to householder Needed Unneeded

(For foreign nationals)

Relationship to householder Needed Unneeded

Nationality and region Needed Unneeded

Resident Information (Resident status, Stay of period, etc.) Needed Unneeded

Number of Resident "zairyu" Card / Special Permanent Resident Certificate Needed Unneeded

Request to issue and receive ____ copies of certificate of registered items in resident record.

Notification of a change of address (Date of move [YYMMDD]: _____)

Note: Please check the box to indicate the type of notification.

Move in Change of address Move out Other ()

New address ()

The name(s) of the person(s) who moved()()

()()

Note: The representative must present **his/her identification (driver's license, passport, health insurance card, resident "zairyu" card, etc.)**. Regarding notification of a change of address, the mandator's identification is also required. (a copy is acceptable).