

**AUTHORITY TO DISCLOSE
INFORMATION**
(not your Landlord or their Agent)

PETERBOROUGH

CITY COUNCIL

**UNDER THE DATA PROTECTION ACT 1998 WE MUST HAVE WRITTEN
AUTHORITY TO DISCUSS YOUR BENEFIT CLAIM AND/OR COUNCIL TAX
ACCOUNT WITH SOMEONE ELSE SUCH AS A RELATIVE OR FRIEND.**

**TO ENABLE US TO SPEAK TO SOMEONE ELSE ABOUT YOUR CLAIM/ACCOUNT
COULD YOU PLEASE FILL THIS FORM IN AND RETURN IT TO US.**

PLEASE COMPLETE IN CAPITALS:-

I, (INSERT NAME OF ACCOUNT HOLDER/BENEFIT CLAIMANT) _____

OF (INSERT ADDRESS OF ABOVE NAMED) _____

CLAIM REFERENCE / COUNCIL TAX ACCOUNT _____

**AUTHORISE PETERBOROUGH CITY COUNCIL TO DISCLOSE
INFORMATION RELATING TO MY * COUNCIL TAX / BENEFIT CLAIM**
(*DELETE AS APPROPRIATE)

TO (INSERT NAME OF THIRD PARTY) _____

OF (INSERT ADDRESS OF THIRD PARTY)

WHO IS MY (STATE RELATIONSHIP: i.e. RELATIVE/FRIEND) _____

DAYTIME TEL NUMBER _____

EMAIL ADDRESS _____

**HE/SHE IS AUTHORISED TO ACT AS AN AGENT ON MY BEHALF FOR
* THIS OCCASION ONLY / FOR ALL ENQUIRIES.** (*DELETE AS APPROPRIATE)

SIGNATURE: _____ **DATE:** _____

(Note: this authority will continue unless you choose to cancel it)