

AUTHORITY TO DISCLOSE INFORMATION



This form is to be used for disclosure of information to friends or relatives only and not landlords

UNDER THE DATA PROTECTION ACT 1998 WE MUST HAVE WRITTEN AUTHORITY TO DISCUSS YOUR BENEFIT AND/OR COUNCIL TAX SUPPORT 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/CUSTOMER) _____

OF (INSERT ADDRESS OF ABOVE NAMED) _____

CLAIM REFERENCE / COUNCIL TAX ACCOUNT _____

AUTHORISE PETERBOROUGH CITY COUNCIL TO DISCLOSE INFORMATION RELATING TO MY * COUNCIL TAX / BENEFIT/ COUNCIL TAX SUPPORT

(*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)