

**Please return this form to:**

Benefits Section, Financial Services, Corby Borough Council,  
The Corby Cube, George Street, Corby, Northants, NN17 1QG  
Enquiries: 01536 464113 Email benefit.enquiries@Corby.gov.uk



## **AUTHORITY TO DISCLOSE INFORMATION**

UNDER THE DATA PROTECTION ACT 1998 WE MUST HAVE WRITTEN AUTHORITY TO DISCUSS YOUR BENEFIT CLAIM AND/OR COUNCIL TAX ACCOUNT WITH SOMEONE ELSE. TO ENABLE US TO SPEAK TO SOMEONE ELSE ABOUT YOUR CLAIM/ACCOUNT PLEASE COMPLETE THIS FORM.

### **Account Holder/Benefit Customer's Details**

Name	
Address	
Date of Birth	
Telephone Number	
Email Address	

I (above named) authorise Corby Borough Council to disclose information relating to my \*Council Tax/Benefit Claim (\*delete as appropriate) to the Third Party named below.

He/She is authorised to act as an agent on my behalf for \*this occasion only/for all enquires (\*delete as appropriate)

### **Third Party's Details**

Name	
Address	
Date of Birth	
Telephone Number	
Email Address	
Relationship to Customer	

Signature of Customer	
Date	

**Note: This authority expires two years from the date as below**

**For office use only**

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Benefits