

Third Party Authorisation Form

Account Holder Details

Details of the account that requires third party authorisation:

Council tax reference: _____

Name of liable person for council tax: _____

Address of account: _____

Postcode: _____

With immediate effect I would like the third party named below to be able to discuss all matters relating to (please tick as required):

- | | |
|---|--|
| <input type="checkbox"/> My council tax account | <input type="checkbox"/> Housing benefit claim |
| <input type="checkbox"/> My council tax support claim | <input type="checkbox"/> Housing benefit invoices / overpayments |

Third party details

Details of the third party authorised to act on my behalf:

Title: _____ First name(s): _____ Surname: _____

Full address: _____

Postcode: _____

Telephone number: _____ Relationship to you: _____

Email address: _____

Signature of liable person: _____ Date: _____

Contact us

Council Tax

☎ Telephone number:
01246 242440

✉ Email address:
revenues@bolsover.gov.uk

Benefits

☎ Telephone number:
01246 242436


✉ Email address:
benefits@bolsover.gov.uk

Please complete and return this form to:

Revenues, Bolsover District Council, The Arc,
High Street, Clowne, Derbyshire S43 4JY



Data Protection

 All personal information provided to Bolsover District Council will be held and treated in confidence in accordance with the Data Protection Act 1998. Certain information may be shared with other council departments, third party organisations and for the prevention of fraud.



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