



Consent to discuss form for Council Tax, Business Rates, Housing Benefit and/or Council Tax Reduction

Under the Data Protection Act it is an offence for the Council to discuss your personal details with anyone else without your specific, written, consent. There are certain exceptions, which include:-

- The Police, if investigating a criminal offence;
- Her Majesty's Revenues and Customs, The Child Support Agency, The Dept. for Work and Pensions tracing people who may have committed an offence or owe monies;
- Other Councils checking "sole or main residence", single adult discounts or tracing people who owe monies.

If you would like someone else to be able to discuss your affairs with the Council, please complete and sign this form, and post it to:-

The Shared Revenues Partnership,
Grafton House,
15-17 Russell Road,
Ipswich.
IP1 2DE

or hand it in at one of the Council's public access offices in Ipswich, Stowmarket or Sudbury.

In the case of Housing Benefit or Council Tax Reduction, you can ask that someone else be made your "appointee". They can then sign forms on your behalf, and receive your benefit letters. *Please ask for an "Appointee" form.*

If someone holds a Power of Attorney enabling them to act for you, and sign for you, *do not complete this form.* We will simply need to see and copy the Power of Attorney document.

CONSENT

Your details

Full name:

Address:

Reference Number or Account Number

1. Consent

I hereby give consent for details of my (tick as appropriate):-

Business Rate Account in respect of (address, if not that in 1. above)

-
- Council Tax Account
 Council Tax Reduction Claim
 Housing Benefit Claim
 All Borough/District Council Services that I use

To be discussed with:-

Full Name and their relationship to you _____

Of (address) _____

2. Letters and Bills

If you would like your letters and/or bills to be sent to the person named in 1. above, please tick here.

Please note that letters and bills sent to this person will legally be treated as having been received by you.

3. Signature

Please sign below and return the form as indicated overleaf.

Signed _____

Print Name _____

Date _____ Phone Number _____

Would you like Paperless Billing?

Data Protection Statement

*Your personal information will be held and used in accordance with the requirements of the Data Protection Act 2018
This authority is under duty to protect the public funds it administers, and may use the information held on our records for the prevention and detection of fraud. It may share this information with other bodies responsible for auditing or administering public funds for this purpose.*