



North
Northamptonshire
Council



North Northamptonshire Keyways Housing Register

Authority to Act Form

This form allows the Council to exchange and disclose information about you with your agent or representative when processing your Keyways Housing Application.

Applicant details	
Name:	
Keyways reference:	
Address:	

1. I/We hereby give my/our authority for the person named below to represent me in dealing with my/our North Northamptonshire Keyways Housing Application.

2. I/We understand this authority can be withdrawn in writing at any time by emailing or writing to your local area office.

Authorised representative details	
Name / Organisation:	
Address:	
Telephone number:	
Email address:	

SIGNED (Main applicant)

DATE:

SIGNED (Joint applicant)

DATE:

SIGNED (Authorised representative)

DATE:
