

# Local Welfare Provision



## Authority to act and discuss form

### About you

Title (Mr, Mrs, Miss, Ms)	
Your surname	
Forename and middle name(s)	
Your address and postcode	
Telephone number	

### About the person you want us to discuss your claim with

<b>Person or organisation 1</b>	
Full name and address of person or organisation	
If an organisation is there a specific person we need to deal with?	
Relationship to you, if any	
Telephone number	

### Declaration

I authorise the above person / organisation to –

- Submit an application form on my behalf.
- Share information with Bolton Council on my behalf.
- Provide information to Bolton Council on my behalf.

Your signature:	Date:
Claim reference number:	National Insurance number: