



### FORM OF AUTHORISATION

Authorisation to discuss personal case details with a third party

Please complete **both** pages of this document. Once completed, please email it to:  
[broxtowe@wasteenforcement.co.uk](mailto:broxtowe@wasteenforcement.co.uk)

Authorising Person	
Name:	
Address:	
Contact Number:	
Email Address (If Applicable)	

Case/Offence Details	
Case Number: (If Applicable)	
Details of Offence:	

Third Party Details	
Name:	
Relationship to me: (e.g. Solicitor, Family Member Friend)	
Organisation (If Applicable)	
Contact Number	

**Declaration**

I confirm that I am authorising the above-named person or organisation to communicate and act on my behalf in relation to the specified matter. I understand that this may involve the disclosure and discussion of personal and case-specific information.

This authorisation is valid until (select one):

- ☐ Revoked in writing
- ☐ The conclusion of the case
- ☐ [Insert specific date] \_\_\_\_\_

Signature of Authorising Person: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use Only**

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

ID verified: ☐ Yes ☐ N