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### **Authority to discuss my claim**

This document confirms that I authorise the following people, or any representative of any company or organisation shown below, to represent and discuss my Test and Trace Support payment application with an officer of the Revenues & Customer Support service of Leicester City Council.

I understand that by making this authorisation I accept and agree to officers revealing information to the named persons and/or any representative of any company or organisation below that otherwise would be contrary to the Data Protection Act (2018).

I understand that I can withdraw this authorisation at any time, but this must be in writing to the Revenues & Customer Support service of Leicester City Council. Any withdrawal request must be signed and dated, and if sent via post sufficient time must be allowed for the service to receive the withdrawal of authorisation.

Signed:

Date:

Name of claimant:

Address of claimant:

Name of Persons/organisations authorised: