

## Permission to Share Information

For completion By Council Tax Customer

Council Tax Account:	
Name:	
Address:	
I require the person named below to act on my behalf as	an agent. I give my consent for South
Cambridgeshire District Council's Council Tax Section to	
regarding my Council Tax account to the person named	
change this arrangement I must contact South Cambridge	gesnire District Council in Writing.
Agent's name:	
Agent's address:	
Agent's date of birth:	
(for identification purposed only)	
Cuatamar'a signatura	
Customer's signature	
Print name	
Date	
Email	
Tolophono numbor	

We would normally pass this information to any other relevant department within the Council, if you <b>do not</b> want us to do so please tick this box:
Do you want the agent's address to be used for correspondence? Yes / No
For completion by the Agent
I agree to act on behalf of the council tax customer named above. I understand that I will have to answer security questions regarding my and the customers identity when I make contact with the council. I understand that if I wish to relinquish this responsibility I will advise South Cambridgeshire District Council in writing.
Agent's signature
Print name
Date
We process your data in line with our legal obligation to collect Council Tax. We may process the information you provide to prevent and detect fraud and may supply information to government agencies, credit reference agencies, audit or other external bodies for such purposes. We participate in the government's National Fraud Initiative, and further information is on our website: <a href="https://www.scambs.gov.uk/national-fraud-initiative">https://www.scambs.gov.uk/national-fraud-initiative</a>

The General Data Protection Regulation (GDPR) updates your rights regarding how your data

is processed. More information regarding this can be found here

https://www.scambs.gov.uk/privacynotice