|  |
| --- |
| **Consent for third party representation** |
| **Full name of tenant(s)** |  |
| **Address of tenant** |  |
| **Date of birth of tenant** |  |
| **Telephone** |  |
| **Email** |  |
| **I hereby authorise (full name of third party)****To act on behalf in relation to:**

|  |  |
| --- | --- |
| **Housing** | **🞎** |
| **Arrears and rents**  | **🞎** |
| **Anti-social behaviour**  | **🞎** |
| **Complaints** | **🞎** |

**And hereby give my consent to Hexagon Housing Association to disclose to him/her/them any information including personal data about me held by Hexagon Housing Association for the purposes of the functions ticked above, subject to the following restrictions (if any)*****I understand that I can cancel this consent at any time*** |
| **Signed (tenant):** | Dated: |