

Authorisation to act



Tenant to complete

Name: Date of birth:

Address:

Post code: Tel number:

National insurance number:

Email address:

I authorise the person stated below to act on my behalf in all matters relating to my tenancy with MCC Housing Services.

Signed: (Tenant) Date:

Authorisation given to:

Name: Date of birth:

Address:

Post code: Tel number:

Email address:

Relationship to tenant