

Community Trigger

Consent form



Mansfield
District Council

Authorisation / Consent Form for Sharing of Personal Information

Name
Address
Postcode
Date of Birth

I, being the person detailed above, hereby authorise / agree with

To request / request of an Anti-Social Behaviour Review on my behalf and I give consent:

1. To copy all correspondence sent to me to the authorised person in respect of the above matter.
2. To disclose and share personal information about me in respect of the above listed matter.

I fully understand that I can withdraw my consent at any time by contacting the officer acting as the Single Point of Contact (SPOC)

I fully understand what I am providing consent for:

Signed:

Full name: Date: