

Authorisation to act



MANCHESTER
CITY COUNCIL

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 the checked matters relating to my tenancy with MCC Housing Services.

☐ Rent Account Only

☐ Repairs Only

☐ Everything

Signed: (Tenant) Date:

Authorisation given to:

Name: Date of birth:

Address:
.....

Post code: Tel number:

Email address:

Relationship to tenant