

# LETTER OF AUTHORITY.

To whom it May Concern,

I, \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

National Insurance Number : \_\_\_\_\_

**Hereby authorise: Disability Advice & Welfare Network**

Of 11 Meadow Close,

Great Bromley,

Colchester,

Essex

To contact the services listed below on my behalf as they are representing me regarding:

Please ensure you provide them with all of the requested information

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



