

# Data Protection Consent Form



**The account holder should complete the top part of the form**

Your Customer Reference Number (you will find this on your bill): \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

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

\_\_\_\_\_

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

Daytime telephone number: \_\_\_\_\_

I hereby give consent under the Data Protection Act 1998 for the person named below to discuss my account with any representative of South Staffs Water.

Signed (Account holder): \_\_\_\_\_

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

**Nominated person to complete details below:**

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to account holder (e.g. daughter/solicitor) \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

I understand that I will not be held responsible for the payment of any water services charge for this address.

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

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

Please complete and return this form to the following address:

**South Staffs Water, Green Lane, Walsall WS2 7PD**