

**West Berkshire Council CIL Householder Review Scheme
Grant of Authority To Act Form**

This Grant of Authority to Act form confirms that your agent/representative is authorised to make a request for a CIL Householder Review on your behalf in respect of the chargeable development and to deal with all correspondence relating to this on your behalf. It also allows us to exchange and disclose information about you, the chargeable development and the review with your agent and to deal directly with them on all matters and process.

Applicants Name (s) (in case of joint liability both parties details must be provided)	
Applicants Address	
Post Code	
I/We Authorise West Berkshire to send all relevant correspondence and disclose information to;	
Agent or Representatives name	
Agent or representatives address	
Post Code	
In respect of the CIL Householder Review Relating to the following chargeable development	
Planning Application or Appeal reference number (if applicable)	
Site Address	
Post Code	
I agree that the above agent/representative has agreed to act on my/our behalf, and the information provided to that agent is correct and complete.	
Signature (in case of joint liability both parties details must be entered)	
Name (s)	
Date	