CLIENT AUTHORISATION FORM

I,(Name).....

Of (Address).....

Trading As .....

Having expressed an interest in leasing a Kiosk on Bray Seafront for the 2025 season and having previously leased a Kiosk on Bray Seafront, I/we hereby give consent to Wicklow County Council to request a copy of Inspection Reports issued by the Environmental Health Service in relation to our/my previous business operated from a Kiosk on Bray Seafront.

SIGNED.....

DATED.....

Wicklow County Council
Block A
Civic Offices
Main Street
Bray
Co. Wicklow
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Email: braymd@wicklowcoco.ie
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