



**PARTNER AUTHORITY SCHEME
REGISTRATION FORM**

137 LUPUS STREET
LONDON
SW1V 3HE
Tel: 0844 561 6136
Web: www.labc.uk.com

If you haven't already selected a local authority, this information will enable LABC to match you with a local authority based on your needs. **Return the completed form via email to pas@labc.uk.com**

1 Partner Company Details

Company Name:

Address:

Post Code:

Main Contact

(Mr/Miss/Mrs/Ms/Other):

First name:

Last name:

Job Title:

Tel:

Fax:

Email:

Secondary Contact

(Mr/Miss/Mrs/Ms/Other):

First name:

Last name:

Job Title:

Tel:

Fax:

Email:

2 Summary of Proposed Work (nature of project(s), potential value, geographical location(s), etc.)

3 Preferred Partner Authority

Authority Name:

Main Contact

Name:

Email:

Secondary Contact

Name:

Email:

4 Partner Authority

Authorised within Partner Authority by:

Name:

Title:

Date: