



[Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Council Tax Reference Number \_\_\_\_\_

[ Subject Address: \_\_\_\_\_ ]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[ \_\_\_\_\_ ]

**COUNCIL TAX**  
**ENQUIRY FORM**

I understand there has been a change in circumstances in the above mentioned property, and request that you complete this form and return it in the envelope enclosed, to enable me to assess correctly your Council Tax liability.

**IMPORTANT NOTE** In terms of LOCAL GOVERNMENT FINANCE ACT 1992 you could be liable for a fine of £50, and £200 for any subsequent offence if you:

a) fail to return the form with Sections 1 and 2 completed to the Director of Customer Services within 21 days of the issue date;

or b) deliberately give false information in Sections 1 and 2

**SECTION 1: DETAILS OF OCCUPANTS OVER 18 YEARS OF AGE**

TITLE	FORENAME(S)	SURNAME	DATE MOVED INTO THIS PROP.	TEL. NO.

**SECTION 2: DETAILS OF OWNERSHIP/TENANCY**

Names(s) of Owner/Joint Owners \_\_\_\_\_

Date ownership commenced (if known) \_\_\_\_\_

Address of owner (if different from subject address) \_\_\_\_\_

Is the property tenanted: YES/NO

If Yes, Name(s) of Tenant/Joint Tenants \_\_\_\_\_

Date Tenancy commenced \_\_\_\_\_

Is tenancy agreement for 6 months or more: YES/NO ( Please supply Copy of Lease if available)

Is the property let as FURNISHED/UNFURNISHED (please delete as appropriate)

Is the property a Second Home: YES/NO

Former Occupiers Address if known \_\_\_\_\_

**SECTION 3: YOUR PREVIOUS ADDRESS**

My previous address:

\_\_\_\_\_

Council Tax Reference (if known) \_\_\_\_\_

Date moved out \_\_\_\_\_

If owner - Date of Sale \_\_\_\_\_

Name of New Owner \_\_\_\_\_

If tenant - Date when lease expired \_\_\_\_\_

**SECTION 4: DISCOUNT/EXEMPTIONS**

Discount or exemption may be applicable if you or any other of the adults living in the property fall into any of the following categories. Please enter in the box the number of application forms you require for each category.

Disabled Band Relief


Severely Mentally Impaired


Students

Child Benefit Payable for Child over 18 and still in full time education

Hospital Patients

In Prison/Detained

Residents of a Residential Care Home  
Nursing Home/Hostel

Care Workers

