Telephone 01529 308266 Fax 01529 308306

Name:

E-Mail <u>counciltax@lincoln.gov.uk</u> Website <u>www.n-kesteven.gov.uk</u>



Address of Property (if different):

## **COUNCIL TAX REQUEST FOR INFORMATION**

Address:		
	Dat	e of Issue:
	Δαι	
Prop Ref:		
Acc No:		
My records show that there has been a change in circumstances at the above property		
You are now required to complete this form and supply us with full details of any and all changes which have taken place which may affect your liability towards Council Tax.  Once you have completed the form and signed the declaration, please return this form to the address overleaf, within the next 21 days.		
Please note that failure to supply or knowingly supply false or misleading information will render you liable to a Penalty of £70.00 and possible further prosecution under the Local Government Finance Act 1992. Therefore, should you have any queries or require any assistance in completing this form, please contact The Revenues Section on 01529 308266		
Section 1 – Liable Parties		
Please name all residents in occupation of the above property <b>aged 18 years or over</b> and indicate their legal status whether they are owners, leaseholders or residents within the property		
Title and First Names	Surname	Owner/Tenant/Resident
Please confirm the date the property was purchased or the date your tenancy commenced:		
Please confirm the date you moved in (if different from above):		
If your property is still unoccupied, please confirm if the property is furnished:		YES / NO
If the property is furnished, please confirm the date it became furnished		е

If the property still remains unoccupied please confirm your current home address, where you are liable for and pay Council Tax. <b>OR</b> alternatively, if you have moved in, please confirm your previous home address		
Section 2		
Council Tax Discounts and Exemptions		
For the purposes of a discount, Council Tax comprises of a property element and a personal element. Each element consists of 50% of the bill, with the personal element being based on the assumption that there are at least two occupiers over the age of 18 resident in the property. If there is only one occupier in the property then the bill may be reduced by 25%. If there are no occupiers over the age of 18 resident in the property and the property has remained unfurnished for a period exceeding 2 months the bill may be reduced to a 75% charge.		
Please tick this box if you are the only occupier of the property (aged 18 years or over) and wish to apply for the 25% Single Person Discount:		
If you feel that another member of the household may qualify for a discount (for example, if they are a full time student) please tick this box to request a telephone call back from a member of the staff to discuss this further. (Please remember leave a daytime telephone number at the bottom of this form):		
Should you wish to apply for Council Tax Benefit please contact Customer Services on: 01529 414155		
INSTRUCTION TO PAY BY DIRECT DEBIT		
<ul> <li>The Direct Debit Guarantee</li> <li>The Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.</li> <li>If there is any change to the amount, date or frequency of your Direct Debit the organisation will notify you (normally10 working days) in advance of your account being debited or as otherwise agreed.</li> <li>If you request the organisation to collect a payment, confirmation of the amount and date will be given to you at the time of the request</li> <li>If an error is made in the payment of your Direct Debit, by the organisation or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society</li> <li>If you receive a refund you are not entitled to, you must pay it back when the organisation asks you to</li> <li>You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify the organisation.</li> </ul>		
Name(s) of Account Holder(s)		
Bank/Building Society account number:		
Sort Code:		
/We wish to pay: Monthly Quarterly Half Yearly		
On the following date:  1st 8th 15th 23rd 28th		
Declaration (To be completed in all cases including requests to pay by Direct Debit)		
Signature: Date:		
Print Name:		
Contact Telephone Number:		
Email address:		
Please post and return your completed form to:  Revenues and Benefits, PO Box 1257, Lincoln, LN5 5PQ		
North Kesteven District Council is under a duty to protect the public funds it administers and to this end		

North Kesteven District Council is under a duty to protect the public funds it administers and to this end may use the information you have provided in respect of your council tax liability for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.