

Council Tax – Vacation / Sale Details



Po Box 8
Spalding
PE11 2XQ

If you need any help or advice please telephone us on 01775 761161

Address of property to be vacated &/or sold: 	Your council tax account number : <table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
OFFICE USE ONLY – Valuation List No.....																					

Vacation Date	Day	Month	Year	
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Please tell us who has moved out 	Please tell us their forwarding address: <p style="text-align: right;">POSTCODE:</p>
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Please complete the relevant section below based on whether you were the owner or the tenant of the vacated property

<p>OWNER</p> <p>Has the property been sold? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please tell us:</p> <p>a) the completion date: <table border="1" style="width:100%; text-align: center;"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> </table></p> <p>b) the new owner's name(s):</p> <p>c) the new owner's previous address (if known):</p> <p>If NO, please complete below:</p> <p>a) are you still the owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) is the property furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c1) is the property to be let? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c2) if YES, please give Contact/Agents details:</p> <p>Name:</p> <p>Address:</p> <p>Telephone number:</p>	Day	Month	Year	<p>TENANT</p> <p>Please tell us your tenancy end date:</p> <table border="1" style="width:100%; text-align: center;"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> </table> <p>Is the property furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please give contact details of your landlord or their agent:</p> <p>Name:</p> <p>Address:</p> <p>Telephone number:</p>	Day	Month	Year
Day	Month	Year					
Day	Month	Year					

I understand that:

- if I have given information that is incorrect or incomplete, you may take action against me. This could be a financial penalty;
- you may check some of the information with other sources within the council and other councils; and
- you may give this information to other government organisations, if the law allows this.

I declare that the information I have given on this form is correct and complete.

Signed: <table border="1" style="width:100%; height: 20px;"></table>	Date: <table border="1" style="width:100%; height: 20px;"></table>
Full Name: <table border="1" style="width:100%; height: 20px;"></table>	Tel: <table border="1" style="width:100%; height: 20px;"></table>

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Information: Received by: <input type="checkbox"/> Tcall <input type="checkbox"/> Office Visit	Taken <table border="1" style="width:100%; height: 20px;"></table>
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Council Tax – Occupancy / Purchase Details



Po Box 8
Spalding
PE11 2XQ

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Address of property to be occupied: FOR OFFICE USE ONLY Valuation List No.....		Is this a newly built property? <input type="checkbox"/> Yes <input type="checkbox"/> No Description (for example 2 bed bungalow, 4 bed detached house – only needed if newly built)
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Please complete the relevant section below based on whether you were the owner or the tenant of this property.

OWNER - Please tell us: Previous owner's name: _____ Completion date of your purchase: _____ Your moving in date: _____ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Year</td> </tr> </table>	Day	Month	Year	TENANT - Please tell us: Landlords name: _____ Tenancy start date: _____ Your moving in date: _____ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Year</td> </tr> </table>	Day	Month	Year
Day	Month	Year					
Day	Month	Year					

Please give details of all residents over the age of 16 years

Title	First Name(s)	Surname	Date of Birth (if between 16 & 18 years of age)	Connection to property (owner, tenant, partner of owner/tenant, other – please state)

Please tell us where you have moved from:

➤ If this address is in South Holland and you currently pay by direct debit would like this transferred: Yes No

➤ If you are new to South Holland would you like to pay your council tax by direct debit? Yes No
 (Please give your telephone number below - we will phone you when your council tax account is active and take your bank details from you)

Please use this space to tell us any other information you think we should know:

Details about discounts, exemptions and council tax benefit will be included in the booklet "Your Guide to Council Tax, Budgets & Performance" which we will send with your first bill. Alternatively, the information is on our website www.sholland.gov.uk – under the heading Council Tax Discounts or Council Tax Exemptions

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- you may give this information to other government organisations, if the law allows this.

I declare that the information I have given on this form is correct and complete.

Signed: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Full Name: <input style="width: 90%;" type="text"/>	Tel: <input style="width: 90%;" type="text"/>

OFFICE USE ONLY

Information: Received by: <input type="checkbox"/> Tcall	<input type="checkbox"/> Office Visit	Taken By: <input style="width: 90%;" type="text"/>
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