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Name: _____ Date: _____
Address: _____ Council Tax Account Number: _____
Postcode: _____

COUNCIL TAX CHANGE OF CIRCUMSTANCES FORM

I understand that there has been a change at the above mentioned property. I shall be grateful therefore if you will answer the questions below and return this form.

Box 1 Details of ALL people aged 18 or over who moved out of/into the above property

Title (Mr/Mrs/Miss)	Forename(s)	Surname

Box 2 Details of ALL people (if any) aged 18 or over who still live in the property

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Box 3 Date of change (exact date is required for accurate billing)

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Box 4 Details of old address (Moving from)

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Box 5 Details of new address (Moving to)

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Box 6 Details of property

Do you still own the property you are moving from? YES/NO

Will it remain furnished YES/NO

PLEASE COMPLETE EITHER BOX 7 OR 8 IF YOU DO NOT OWN THE PROPERTY

Box 7 If the property has been SOLD please supply the following information

Name of Purchaser:

Date of Completion:

Your Solicitors - Name:
Address:

Telephone Number:

Box 8 If the property was RENTED please supply the following information

Name of Owner/Landlord/Agent:

Address of Owner/Landlord/Agent:

Tenancy Dates (as per your tenancy agreement):

From: To:

Was the property rented part furnished? YES/NO

Was the property rented fully furnished? YES/NO

Was the property rented unfurnished? YES/NO

The information collected on this form is necessary to administer your Council Tax and fulfil the council's statutory functions, and will not be used for any other purposes.

Privacy Notice - Borough of Broxbourne Council is committed to protecting your privacy when you use our services. Our Privacy Notice explains how we use information about you and how we protect your privacy. <https://www.broxbourne.gov.uk/resident/privacy-policy>.

Declaration:

I declare that the information given on this form is correct to the best of my knowledge and undertake to notify you immediately if my circumstances should change.

I understand that the information on this form may be checked, stored on and processed by computer, it may be checked with other information held by the Council and be disclosed for other Council purposes as described on the register entry compiled by the Data Protection Registrar.

Name (in Block Capitals).....

Signature..... Date.....

Telephone No: Home..... Mobile.....