

CTXCANVASS
 REVENUES
 Tel: 01376 557755
 Ext: 2755
 Date as received

Name:
Address:

COUNCIL TAX
Canvass for details of Taxpayer and Property.

Please read the accompanying leaflet and complete this form. Please note this form is not a bill or demand.
 Please use **black ink** and write in BLOCK CAPITALS. **Please return this form by**

OCCUPIED PROPERTIES

Who is responsible for payment of Council Tax?

Title	Forename(s)	Surname	Code*

***SEE ATTACHED INFORMATION SHEET**

Does anyone in your home qualify for a discount?

Title	Forename(s)	Surname	Code

Please enter the date that you moved into the property ___/___/___

Please enter the date that you **purchased/rented*** the property (if different from the above) ___/___/___

*Please delete as necessary.

If you rent this property please provide the name and address of the owner or landlord to whom you pay rent

How many adults normally live at the property? _____

If you have previously lived in the Braintree District Council area as a liable Council Tax payer or with parents or as a lodger, please enter the address(s) below.

UNOCCUPIED PROPERTIES

Enter the name(s) and address(es) of the Owner(s) of the property.

Title	Forename(s)	Surname	Mailing Address

Please provide the name and forwarding address (if known) of the previous occupier of this property.

Date they vacated? ____/____/____

Are you using the property as a Second Home or Holiday Home?

YES/NO

If **YES**, please provide your alternative mailing address on the reverse of this page and also provide a copy of the bill showing you are paying Council Tax to another Council. Failure to provide this may result in higher Council Tax being payable.

Please enter the date that you purchased/rented the property: ____/____/____

If you think the property should be exempt please enter the code from the enclosed sheet and provide additional information on a separate sheet if necessary _____

Please sign this Declaration

I declare that the information given is true and accurate to the best of my knowledge and belief.

Signature _____ Name _____ Date _____

IMPORTANT

This is additional information, which you do not have to supply but may help if we need to contact you.

May we telephone you if there is a query about the information you have given? YES/NO.

If yes please write your telephone number here. _____

Please supply any further information you feel may be relevant on the reverse of this form. If you have any queries please contact this department on 01376 557755.