

Council Tax Section, Financial Services Unit, Town Hall, Gosport, Hants, PO12 1EB.

Telephone: (023) 9258 4242 Ext: 5470

COUNCIL TAX - CHANGE OF ADDRESS DETAILS

PLEASE COMPLETE IN BL	OCK CAPITALS							
YOUR NEW ADDRESS		YOUR PREVIOUS ADDRESS		Date of Issue:				
			F	Ref. Number:	***********************			
			r	Date of Move:				
			-	Jaie of Move	********************************			
PLEASE TELEF	PHONE THE ABO	OVE NUMBER IF YOU HAVE	DIFFICULTY IN CO	MPLETING THIS	S FORM			
1 INFORMATION ABOU	INFORMATION ABOUT YOUR <u>NEW ADDRESS</u>							
IS THE NEW ADDRES IF YES, PLEASE COM IF NO, PLEASE GO TO	PLETE SECTION	LEE-ON-THE-SOLENT? N 2 - 7	YES/ NO	(please circle				
		SIDENT OF THE NEW ADDR EW ADDRESS PLEASE SUP		ING	(please circle			
SALE COMPLETION DATE	YOUR SOLICITO	DR'S NAME AND ADDRESS	ERS NAME AND NEW ADDRESS HEIR SOLICITOR'S NAME & ADDRESS					
DATE EUDANOLIED								
DATE FURNISHED								
		A ABOVE						
NAME	NAME AND ADDRESS OF LANDLORD/ OWNER ARE							
			FU		IRNISHED or			
			L	JNFURNISHED?	(please circle)			
		r, INCLUDING YOURSELF, W (eg partner, child, lodger, jo		DING AT THE NE	EW ADDRESS AND			
		S ADDRESS (if different from	RELA	RELATIONSHIP				
ARE YOU THE ONLY	OCCUPIER OF T	HE NEW ADDRESS AGED 1	8 OR OVER?	YES/ NO	(please circle			
		PROPERTY IS NOT USED AS R IS EMPTY OR USED FOR			IE, FOR EXAMPLE			
Name and Address of Owner What is		the property used for, i.e. sec	Is the p	Is the property exempt				
-								

	IF YES, PLEASE COMPLETE SECTIONS 8 - 11 AND SIGN AND DATE THE DECLARATION BELOW IF NO, PLEASE SIGN AND DATE THE DECLARATION BELOW								
8	WERE YOU THE OWNER/			ADDRESS?	Owner Tenant Resident	(please circle)			
9	IF YOU WERE THE OWNER OF THE PREVIOUS ADDRESS PLEASE SUPPLY THE FOLLOWING DETAILS								
	HAS THE PROPERTY BEE IF YES , PLEASE GIVE THE		YES/ NO ILS						
SA	ALE COMPLETION DATE	YOUR SOLICITOR'S NA	AME AND ADDRESS	NEW OWNERS	NAME AND PREV	IOUS ADDRESS			
DA	TE FURNITURE REMOVED								
	IF NO, IS THE PROPERTY	/ TO BE LET?	F	:URNISHED/ UN	YES/ NO FURNISHED	(please circle)			
	IF THE PROPERTY IS TO	BE LET, PLEASE SUP	PLY THE FULL NAM	ES OF TENANTS	S ON SEPARATE	PAPER			
10	IF YOU WERE THE TENAM	NT OR RESIDENT, THE	FOLLOWING INFOR	RMATION IS REC	QUIRED				
DA	TE OCCUPATION CEASED		NAME AND ADDRES	S OF LANDLOR	D/ OWNER				
TE	NANCY END-DATE	-							
	HAS ALL THE FURNITURE	BEEN REMOVED?			YES/ NO	(please circle)			
11	LIST BELOW ALL PEOPLI OF THE PREVIOUS ADDR		INCLUDING YOURSE	ELF WHO WILL I	BE MOVING OUT				
	FULL NAME N		EW ADDRESS (if different from new address overleaf)						
12	PLEASE SIGN THE DECL	ADATION THEN FOLD	AND RETURN IN TH	E ENVELOPE P	ROVIDED				
	FLEASE SIGN THE DECE	ANATION TILN TOLD	AND RETORING IN TH						
IC	ONFIRM THAT THE ABOVE DE	TAILS ARE CORRECT	SIGNATURE	***************************************					
			FULL NAME	***************************************	***************************************	***************************************			
			TELEPHONE NO						
			DATE						
	a Protection port Borough Council is required by	by law to protect the public t	iunds we administer. Infor	mation provided ma	y be shared with othe	er bodies responsible			

YES/NO

(please circle)

INFORMATION ABOUT YOUR PREVIOUS ADDRESS

IS THE OLD ADDRESS IN GOSPORT/ LEE-ON-THE-SOLENT?

7

for auditing or administering public funds in order to prevent and detect fraud, the collection of debts or to assist in the discharge of other statutory

functions. Further information is available under Fair Processing Notice on our website at www.gosport.gov.uk