



COUNCIL TAX ENQUIRY FORM

CITY AND DISTRICT OF ST ALBANS
COUNCIL TAX SECTION
P.O. Box 2, District Council Offices
St. Peter's Street
St. Albans, Herts. AL1 3JE
Telephone (01727) 866100

<i>Property Reference</i>	
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Dear Sir or Madam,

I am required to establish the liable person/s for payment of Council Tax on this property. Will you please complete this form giving the required information and return it as soon as possible.

Failure to supply information requested could incur a £50 penalty.

C O'Callaghan
Chief Finance Officer

Data Protection and Investigating Fraud

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purpose, with other organisations which handle public funds.

1. Who is liable for Council Tax?

Please list below all adults aged 18 years and over who are living at this property together with all other persons between the ages of 17 to 18 years giving their date of birth.

Title	First Name	Last Name	Date moved in	Is the person the owner, Tenant or Leaseholder	Birth date – if 18 in next 12 months
			/ /		/ /
			/ /		/ /
			/ /		/ /
			/ /		/ /

2. If you have purchased/leased/*rented the property, please give date of completion; _____ / _____ / _____
Or **commencement** of tenancy; _____ / _____ / _____ .

JOINT OR SINGLE TENANCY AGREEMENT, FURNISHED/*UNFURNISHED. (delete as appropriate)

End date of tenancy; _____ / _____ / _____

3. Name and address of **owner**/agent (delete as appropriate)

4. Please tick as appropriate

The property is : Empty Used as a holiday home A second home Furnished Unfurnished

If Empty, give empty date _____ / _____ / _____ and anticipated date of occupation (if known) _____ / _____ / _____

If this property is not your main home, please state the address where Council Tax is payable. This information is required to determine whether a discount should apply.

5. Was your previous address within St Albans District? Please tick Yes _____ or No _____

If Yes, please write that address below.

Post Code

Continued Overleaf

6. CAN I GET A DISCOUNT?

You do not have to complete this section, but if you do, the Council may be able to give you a discount or reduction.

Are you the only resident in the property over 18 years of age? **Yes** **No**

Are you or any member/s of your household aged <u>18 or over</u> in the following categories?	Please indicate Tick	Number	If you tick any section please provide the appropriate documentation/information.
• Full-time Student or student nurses	Student Certificate for each person studying
• Apprentices/YTS Trainees	Name and address of employer/educational establishment
• 18/19 years old in full time education or recently left school or in receipt of child benefit	Name and address of school and date left (between 1 May and 31 October).
• Disabled	A separate form will be sent
• Severely Mentally impaired	A separate form will be sent
• In Prison or detained under Mental Health Act 1985	Name and address of prison/hospital
• Resident in hospital / Care Home	Name and address of hospital / Care Home or a letter from the establishment
• Care workers or carers (only if you live with the person receiving your care)	Name and address of employer, or a letter from the carer

7. Change in circumstances, please state date of change.....

- State reason for change
- **Complete this section if the whole family has moved out of the property:**
- **Complete this section if a person has moved into or out of the household: Tick as appropriate**

Title	Forename(s)	Surname	Date of Departure/ Date moved in

New address

.....

.....*Postcode*.....

8. Is any part of the property used for business purposes? **Yes** **No**
 If so please give full details of the area concerned and the type of business conducted.
 (Please attach details on a separate sheet of paper)

9. PAYMENT OPTION – WOULD YOU LIKE TO PAY BY DIRECT DEBIT*? Yes **or No**
Direct Debit is the cheapest form of transaction to administer.

PLEASE SIGN THIS DECLARATION. IF AFTER YOU HAVE RETURNED THIS FORM THERE ARE ANY CHANGES TO THE INFORMATION YOU HAVE SUPPLIED, PLEASE INFORM THE COUNCIL TAX SECTION, PO BOX 2, DISTRICT COUNCIL OFFICES, CIVIC CENTRE, ST ALBANS, HERTS, AL1 3JE OR TELEPHONE [01727] 866100

I/We declare that the information given on this form is correct to the best of my/our knowledge		
Signed	Full Name(s)	Date
		Telephone:

(You do not have to give your telephone number, but it would be helpful if you do)



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send to:

Originator's Identification Number

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For St Albans District Council Official use only
COUNCIL TAX
This is not part of the instruction to your Bank or Building Society

Property Reference

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Please tick your preferred payment date for monthly instalments: 1st or 15th

Instruction to your Bank or Building Society
Please pay St Albans District Council Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with St Albans District Council and, if so details will be passed electronically to my Bank/Building Society.

Signature(s)
Address
Date

To: The Director of Finance
Council Tax
St Albans District Council
PO Box 2, District Council Offices
Civic Centre, St Peter's Street
ST ALBANS, Herts, AL1 3JE

Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

CTAX Account Reference Number

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Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts



This guarantee should be detached and retained by the payer
The Direct Debit Guarantee

- ❖ This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- ❖ If the amounts to be paid or the payment dates change St Albans District Council will notify you within 10 working days in advance of your account being debited or as otherwise agreed.
- ❖ If an error is made by St Albans District Council or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- ❖ You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

