

## Moray Council TAXATION SERVICES Council Tax Change of Address Form

	Office use only
Name	Date of issue
Address	Please return by
	,
Destands	
If you have recently changed or about to change address	places complete this form in PLOCK CARITALS
and <b>BLACK INK</b> . If you have difficulty completing it, pleathat apply to you. You do not have to answer those in the	se telephone (01343) 563456. Answer the questions
Your FULL NAME (Mr Mrs Miss Ms)*	
(If appropriate) Your Partner's <b>FULL NAME (Mr Mrs Mis</b> (*delete as required)	s Ms)*
1. YOUR NEW ADDRESS	2. YOUR OLD ADDRESS
1. TOOK NEW ADDRESS	2. TOUR OLD ADDRESS
Postcode	Postcode
At this property, are you the	At this property, were you the
Owner Moray Council Tenant	Owner Moray Council Tenant
Tenant Living with Parents	Tenant Living with Parents
Other	Other
EXACT date you purchased / /	EXACT date you sold
Or took over the tenancy of this property?	Or gave up the tenancy of this property?
EXACT moving in date?	EXACT moving out date?
If you <b>DID NOT</b> move in straight away was the property:	If there <b>IS</b> a difference between these dates was the property:
Furnished Unfurnished (Please ✔ relevant box)	Furnished ☐ Unfurnished ☐ (Please ✔ relevant box)
If you stayed at <b>another property</b> in between the above	dates please state the address
in you stayed at another property in between the above	Postcode
If your previous address was not within Moray, have you ever lived in Moray?  Yes  No	
If 'Yes' please provide details of your pervious Moray add	Iress.

Name any OTHER joint owner or joint tenant  Name any REMAINING joint owner or joint tenant
Name any OTHER joint owner or joint tenant  Name any REMAINING joint owner or joint tenan
Name any OTHER joint owner or joint tenant  Name any REMAINING joint owner or joint tenan
Name any OTHER joint owner or joint tenant  Name any REMAINING joint owner or joint tenan
What is the previous occupant's name and new address?  What is the new occupant's name and previous address?
4 VOLID NEW ADDRESS
1. YOUR NEW ADDRESS Do you want to claim COUNCIL TAX REDUCTION and/or Yes No (Please ✔ relevant both HOUSING BENEFIT?
Are you the SOLE OCCUPANT of this property? Yes No (Please ✔ relevant bo
Name and date of birth of anyone in your household AGED 17:
DIRECT DEBIT is the Council's preferred payment method. If you wish to pay by this method, tick this box
If you are not the sole occupant please give <b>FULL NAMES</b> of the other <b>ADULTS</b> who live with you  Do any of these people fall into the following categories? (Please √ relevant box)
Students Severely Mentally
Impaired Apprentices YTT, Skill
Seekers
Student Nurses Care Workers
Declaration
I declare that the information on this application is true and correct. I authorise the Council to make any nece enquiries to check the information given on this application, including cross checking details with other Council Se and external Organisations. I undertake to inform you of any change in circumstances as soon as it occurs. I unde that if I give information that is incorrect or incomplete or fail to report changes in circumstances, I may be prosecute
Signature Date
Print Name Telephone
Email Mobile
Moray Council is the data controller for this process. The information provided by you for the purposes of determining Council Tax will be stored by us in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018 information that we hold must be accurate, up to date, and kept only for as long as necessary. It is shared only where we are obliged to do so. You may refer to our published Council Tax Privacy Notice for more information. It can be footnet http://www.moray.gov.uk/downloads/file123143.pdf

Please return this form to: Moray Council, Taxation Services, High Street, Elgin, IV30 1BX.

If you require any further information regarding this form, please contact us by:

Telephone: 01343 563456 Webform: moray.gov.uk/ctxenquiry Website: www.moray.gov.uk