

MOVING INTO A PROPERTY REGISTERING FOR COUNCIL TAX



YOUR NAME AND ADDRESS:

Revenue Services
County Hall
Mold
Flintshire CH7 6NA

Telephone Number: (01352) 704848

If you need to contact us, please quote your:-

Property Reference Number

To help us provide a service in your preferred language, please tick one of the boxes to indicate whether you would like us to write to you in English, Welsh or both languages. Please complete this form in **BLACK INK**

English

☐

Welsh

☐

English and Welsh

☐

A

IF YOU HAVE LEFT OR ARE ABOUT TO LEAVE A PROPERTY IN FLINTSHIRE

1. What is the full postal address of the property you have moved out of?

Postcode: _____

2. What date did you move out of the property?

3. Do any members of your household still live in the property?

Yes

☐

No

☐

If 'Yes' please write their full names below.

4. Did you rent or own the property?

Rent

☐

Own

☐

5. If the property was rented when did/will your tenancy end?

6. If you rented the property was it let as: Furnished ☐ Part Furnished ☐ Unfurnished ☐

7. If you rented the property please provide us with the name and address of your landlord or letting agent.

Postcode: _____

8. If you were the owner, have you sold the property?

Yes

☐

No

☐

If 'Yes' please confirm when you sold the property

Please provide the new owners names

If 'No' please confirm whether the property is still furnished

Yes

☐

No

☐

9. Please provide your new address

Postcode: _____

If you have moved to another address in Flintshire, please can you complete the details in Section B, if not please go to Section C.

B	IF YOU HAVE MOVED INTO, OR PURCHASED A PROPERTY IN FLINTSHIRE
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10. What is the full postal address of the property you have moved to?

Postcode: _____

11. When did you buy your home
(or start your tenancy if you are renting)?

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12. When did you (or a member of your household)
first live in the property?

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13. Please state the reasons for the difference in the above dates

14. Please provide details of who is liable to pay Council Tax at this property. This is normally the person(s) who have a freehold or leasehold interest in the property, or if the property is rented, the person(s) who hold the tenancy.

15. Please give details of all persons over 16 years of age (including yourself) who are living in your home. Please include the date of birth for those persons aged 16 or 17.

Title	First Name	Surname	Date of Birth	NI Number*

*Please note you do not have to provide this information if you do not wish to.

16. Do you rent or own your home? Rent ☐ Own ☐

If you rent your home, please provide us with the name and address of your landlord or letting agent.

Postcode: _____

17. Has the property been recently extended or structurally altered? Yes ☐ No ☐
If 'Yes' please give brief details

18. Please provide the names of the people who lived in your home before you moved in (if you know them). If you know their new address, their solicitor or Estate Agent, please write it in the space below

19. Please write your last address in the space below

Postcode:

20. If any of the categories listed below apply to any adult member of your household you may be entitled to a discount. Please tick the relevant box and a form will be sent to you.

In prison	<input type="checkbox"/>	A Long Term Hospital Patient	<input type="checkbox"/>
Severely Mentally Impaired	<input type="checkbox"/>	A Residential Care Worker	<input type="checkbox"/>
An Apprentice or Modern Trainee	<input type="checkbox"/>	A Carer - other than your spouse	<input type="checkbox"/>
A Person who receives Child Benefit in respect of a person aged 18/19 years	<input type="checkbox"/>	A disabled person where the property has been adapted	<input type="checkbox"/>
A full time Student	<input type="checkbox"/>		

21. Flintshire County Council offers a wide range of ways to pay your Council Tax bill. *If you opt to pay by Direct Debit we can offer you up to four dates to choose from. All you need to do is complete the Direct Debit form enclosed, and choose the payment date that is most convenient to you. We also offer some other ways to pay your bill by cash or cheque.* If you do not want to pay by Direct Debit please tick your preferred payment choice.

Monthly (due on the 1 st day of each month)	<input type="checkbox"/>	Half-yearly (due on 31 st May and 30 th September)	<input type="checkbox"/>
Annually	<input type="checkbox"/>	(due in one payment on 30 th June)	
If you would like to pay in the Post Office, please tick the box (We will send you a barcoded council tax bill to make your payments).			<input type="checkbox"/>

C

DECLARATION

I declare that to the best of my knowledge and belief, the information I have given is correct.

Your Signature _____ Date: _____

Your Name (Please Print) _____

Your Contact Telephone Number _____

It would be helpful if you could provide a day time telephone number, but you do not have to do so.

Please return the completed form to:- **COUNCIL TAX, COUNTY HALL, MOLD, FLINTSHIRE. CH7 6NA**

Would you like to receive your council tax bill by e-mail? Yes* ☐ No ☐

*E-mail address: _____

Data Protection

I agree that any personal information I provide may be held or processed by the Council for those purposes contained in the Council's current notification to the Information Commissioner and in accordance with the provisions of the Data Protection Act 1998. I also agree that any personal information I provide may be shared with third parties as and when necessary in order to verify the information, for the prevention or detection of crime and/or for the purposes of discharging any statutory or administrative function or as required by law.



**INSTRUCTION TO YOUR BANK
TO PAY COUNCIL TAX BY
DIRECT DEBIT**



Originator's ID Number

9 4 0 7 7 8

**PLEASE COMPLETE THIS FORM AND RETURN IT TO:-
HEAD OF FINANCE, FLINTSHIRE COUNTY COUNCIL, COUNTY HALL, MOLD, FLINTSHIRE, CH7 6NA
TEL NO: 01352 704848**

1. Enter your Council Tax account reference number as shown on your bill

2. Your Name and Address

3. Your Bank Sort Code

4. Your Bank/Building Society Account Number

5. Name of Account Holder/s
(As detailed on your bank statement)

6. The Name, Address and
Postcode of your Bank
Or Building Society

7. Your Payment Choice (*tick preferred choice*)

Monthly Payments on the: 1st Day of ☐ 8th Day of ☐ 18th Day of ☐ 25th Day of ☐
 each month each month each month each month

Other Payment Options Weekly ☐ 2 instalments due on ☐ 1 instalment due ☐
 Instalments 31st May & 30th Sept. on 30th June

Instruction to Your Bank/Building Society

Please pay Flintshire County 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 Flintshire County Council and, if so, details will be passed electronically to my Bank/Building Society.

Signature: _____

Date: _____

THE DIRECT DEBIT GUARANTEE

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Flintshire County Council will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Flintshire County Council to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by Flintshire County Council or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when Flintshire County Council asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. **Please also notify us.**