

## Single occupier discount

Please fill in this form to apply for this discount and send it to:

Local Taxation Service Cotswold District Council Trinity Road Cirencester Gloucestershire GL7 IPX

| Date:                    |
|--------------------------|
| Council tax bill number: |

| Details of applicant  |  |                 |               |  |  |  |  |
|---|--|-----------------|---------------|--|--|--|--|
| Full name   |  |                 |               |  |  |  |  |
| Address and postcode  |  |                 |               |  |  |  |  |
|   |  |                 |               |  |  |  |  |
| Contact telephone number  |  |                 |               |  |  |  |  |
| Email address   |  |                 |               |  |  |  |  |
| Number of people, ages 18 or over (including yourself), currently living in the property        |  |                 |               |  |  |  |  |
| Please provide the following information for all residents aged 18 or over (including yourself) |  |                 |               |  |  |  |  |
| Full name   |  | Relation to you | Date moved in |  |  |  |  |
|   |  | Self            |               |  |  |  |  |
|   |  |                 |               |  |  |  |  |
|   |  |                 |               |  |  |  |  |

| Please provide the following information for any resident of the property currently aged 16/17  |            |                 |   |                  |  |  |  |  |
|---|------------|-----------------|---|------------------|--|--|--|--|
| Full name   |            | Relation to you |   | Date of birth    |  |  |  |  |
|   |            |                 |   |                  |  |  |  |  |
|   |            |                 |   |                  |  |  |  |  |
|   |            |                 |   |                  |  |  |  |  |
| If you are applying because someone has vacated the property please provide the following details about them  |            |                 |   |                  |  |  |  |  |
| Full name   |            | Relation to you |   | Date of vacation |  |  |  |  |
|   |            |                 |   |                  |  |  |  |  |
|   |            |                 |   |                  |  |  |  |  |
| Their new address:  |            |                 |   |                  |  |  |  |  |
| Do you expect them t  | perty? Yes |                 |   | No               |  |  |  |  |
| If yes, when:   |            |                 |   |                  |  |  |  |  |
| Declaration   |            |                 |   |                  |  |  |  |  |
| I accept it is <b>my</b> responsibility to let the Local Taxation Service at Cotswold District Council know within 21 days, of <b>all</b> changes that may affect the Council Tax, even if a further discount or exemption is applicable. |            |                 |   |                  |  |  |  |  |
| The information given on this form is correct, to the best of my knowledge. Providing false information may lead to prosecution under the Fraud Act 2006.   |            |                 |   |                  |  |  |  |  |
|   |            |                 | _ |                  |  |  |  |  |
| Your signature  |            |                 |   |                  |  |  |  |  |
| The Council are the Data Controllers for the purposes of the Data Protection Legislation  |            |                 |   |                  |  |  |  |  |
| We will only use your personal information in accordance with the Legislation and for the   |            |                 |   |                  |  |  |  |  |

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information about you for other purposes, unless the law allows us to.

purposes of Revenues & Benefits. We will not give information about you to anyone else, or use

www.cotswold.gov.uk