

CHANGE OF ADDRESS FORM

Please fill in the details of the section below which relate to the reason for your change of address:

- SECTION 1** Relates to people who are moving into a property in Mid Sussex where they will be **liable** to pay Council Tax. If they were **liable** for Council Tax at a former property within Mid Sussex, Section 2 also needs to be completed.
- SECTION 2** Relates to Council Tax payers who are vacating a property which is situated within Mid Sussex.
- SECTION 3** Relates to properties where it is intended that they be renamed.

SECTION 1 (INCOMING OWNERS & OCCUPIERS)

Name of Liable person *(To whom bills should be sent)*

SURNAME	TITLE	INITIALS

Date of Occupancy *(if applicable)*

Completion Date of Purchase *(if applicable)*

Start Date Lease / Tenancy *(if applicable)*

Address to which Bills should be sent *(for owners of unoccupied properties)*

Post Code:

Address of Property Concerned
Post Code:

Your Previous Address
Post Code:

Number of Occupants <i>(over the age of 18)</i>	
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SECTION 2 (VACATING OWNERS & OCCUPIERS)

SURNAME	TITLE	INITIALS

Property Account Number:

Address of Property	
	Post Code:
WERE YOU THE COUNCIL TAX PAYER AT THIS ADDRESS? YES / NO	

Your Forwarding Address	
	Post Code:
NUMBER OF ADULT IN OCCUPATION:	
WILL YOU BE LIABLE FOR COUNCIL TAX AT THIS ADDRESS? YES / NO	

Date of Vacation *(if applicable)*
Completion Date of Sale *(if applicable)*
End Date Lease / Tenancy *(if applicable)*

Does the vacated property still contain furniture? Yes / No
Does anyone else remain in occupation of the property? Yes / No
(If Yes, Please give details:

The Name(s) of the Purchaser(s) *(if applicable)*

The Name and Address of the Solicitor / Estate Agents who acted in the sale of the property on your behalf *(if applicable)*.

If the property is owned by another person or managed by a letting agent please give their details:

SECTION 3 (CHANGE OF PROPERTY NAME)

Date of Change: _____ / _____ / _____

Previous Name	
	Post Code:

New Name	
	Post Code:

DECLARATION

Name:



01444 477564
www.midsussex.gov.uk

Mid Sussex Revenues
and Benefits Services
PO Box 10607
Nottingham
NG6 6DU

I declare that the details shown on this form are true, accurate and complete to the best of my knowledge. I understand that under the provisions of the Data Protection Act 1984, information given on this form may be used by other Council departments.

Signed:
Dated:
Email:
Tel: