



Email: revenue@midsussex.gov.uk

01444 477564 (Phone calls may be recorded)

Website: www.midsussex.gov.uk/revsandbens

Mid Sussex District Council
Revenues & Benefits
PO Box 10607
Nottingham
NG6 6DU

Property Ref:

Issued To:

Address in respect of

Dear Sir/Madam

Account Ref:(please complete)

COUNCIL TAX – Class E Exemption Review

Class E - Property left empty due to the person going to live in a care home/hospital permanently.

We are currently reviewing our records, which show that the above property is receiving a reduction in Council Tax.

It is an audit requirement that we review this reduction each year.

In order to ensure our records are correct and for the reduction to continue, please complete the information overleaf and return within 21 days of the issue date of this letter to either the above address or email us at ctaxreviews@midsussex.gov.uk

You can also go online to update our records: www.midsussex.gov.uk/mdcounciltaxreview
Please ensure that you carefully type the web address into your internet browser as this link will not work if you type into google.

Failure to respond to this request will result in this Class E exemption being ceased. This will take effect from 1st April of the current tax year.

Should you require further information about this review or the exemption, please visit our website or contact the Revenues Department, the details of which you will find at the top of this letter.

Yours faithfully

Mr K Stewart
Business Unit Leader for Revenues and Benefits

Information will only be kept in accordance with the General Data Protection Regulation and the Data Protection Act 2018. Mid Sussex District Council will not supply information to any other organisation or individual except to the extent permitted by law in carrying out any of its functions. Please refer to our privacy notice on our website at <https://www.midsussex.gov.uk/about-us/privacy-notice/> for further details.



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Account Number.....(please complete)

Please answer the questions below to the best of your knowledge. Any sections which are not applicable please mark as N/A.

Please confirm if the person remains in a care home/hospital and the circumstances remain the same/ unchanged and the exemption should continue? *YES/NO

*Is/was the person the owner or tenant of the address overleaf? *OWNER/TENANT

If the person is the owner, please confirm whether the property is up for sale or sold. If the property has been sold, please provide the date of completion and full name/s of the new owner/s

.....

If the person is/was a tenant, please give the full name and address of the landlord and the date the tenancy has/is due to be terminated:

.....

Does the property remain unoccupied * YES/NO

If YES, please confirm whether the property is furnished or substantially unfurnished.

.....

If substantially unfurnished, I would be obliged if you could please confirm the exact date the furniture was removed as this could affect the charge levied in the future

.....

If NO, please confirm the full name/s of the person/s resident and the date that they moved in

.....

*Delete as appropriate

Please sign and date the declaration to confirm the details above.

Declaration

I declare that the information given on this form is complete and accurate to the best of my knowledge

Please remember that if you give false information, you may be prosecuted.

In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations that handle public funds.

Signature:..... Date:.....

Full name (BLOCK CAPITALS):.....

Telephone number..... Email:.....