

Property Ref:

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

Issued To:	Address in respect of
Dear Sir/Madam	
Account Ref:	(please complete)
COUNCIL TAX – Exemption I	Review by Person living elsewhere to provide personal care.

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/mdc-council-tax-review

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 the Class J 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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	answer the questions below to the best of your knowledge. Any sections which are not ble please mark as N/A.
	confirm if the property remains empty by the person named overleaf to provide personal care ere. *YES/NO
If NO, ¡	olease confirm the following:
1.	If the person is no longer providing care elsewhere and has returned to the property, please confirm the date this came into effect.
2.	If the property is now occupied by someone else (for example, a tenant), please confirm the full name/s of the person/s and the date this came into effect.
3.	If the property has now been sold, please confirm the full name/s of the new owner/s and the date of completion.
	note, if questions 1 - 3 have been completed this will result in the exemption being ed from the date provided. Notification of this will be issued under separate cover in due
	as appropriate
Please	sign and date the declaration to confirm the details above.
DECLA	ARATION
I decla	re 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.
preven	r to protect public funds, the Council may use the information you have provided on this form to t and detect fraud. The Council may also share this information, for the same purposes, with rganisations that handle public funds.
Signatı	ure:Date:
Full na	me (BLOCK CAPITALS):
Teleph	one number Email:

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