

Council Tax Office
Mandela House
4 Regent Street
Cambridge
CB2 1BY
Telephone: (01223) 457000 / Fax: (01223) 457709
Minicom: (01223) 457050



COUNCIL TAX CHANGE OF ADDRESS FORM

Address

Office Use Only	
Property Ref	
Account No	
Date	

- Moving out of Cambridge** If you, or your tenants, are moving out of Cambridge please complete **sections one, three and five.**
- Moving into Cambridge** If you, or your tenants, are moving into Cambridge please complete **sections one, two, four and five.**
- Moving within Cambridge** If you, or your tenants, are moving within Cambridge please complete **all sections.**

SECTION ONE: NAMES OF OCCUPIERS (18 years old or over)

Please complete this section in all cases

Title (Mr, Mrs, Ms, Miss, other. Please Specify)	First names in full (No initials)	Surname

Please turn over

SECTION TWO: THE ADDRESS YOU ARE MOVING INTO

Please complete this section if you, or your tenants, have moved into a property in Cambridge.

1) New address (please use block capitals)

.....

.....

Postcode

2) Date you bought the property, or the date the tenancy commenced.

Day	Month	Year

3) Date you, or your tenants, moved in.

Day	Month	Year

4) Do you own or rent the property?

<input type="checkbox"/> Owned	<input type="checkbox"/> Rented
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5) If the property is rented, please state the name(s) of the tenant(s) shown on the tenancy agreement?

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.....

6) Was the property furnished before you moved in?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(Furnished - meaning any items except carpets/curtains and/or white goods)

7) Are you responsible for paying Council Tax/Property Tax on any other property?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(Please provide the address details on a separate sheet)

8) Are you the only occupant (aged 18 or over)?
If yes, you must notify us immediately if this changes.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9) Please provide the name and address of the previous occupiers (if known)

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.....

.....

.....

10) Name and address of owner / landlord/agent (if applicable)

.....

.....

.....

Postcode

Please turn over

SECTION THREE: THE ADDRESS YOU ARE MOVING OUT OF

Please complete this section if you, or your tenants, have moved out of a property in Cambridge.

1) Old address (please use block capitals)
.....
.....
Postcode

2) Date you, or your tenants, moved out

Day	Month	Year

3) Date of completion of sale, or date the tenancy ended

Day	Month	Year

4) Was the property left furnished?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(Furnished meaning any items except carpets/curtains and/or white goods)

5) New address (if not in Cambridge)
.....
.....
Postcode

6) Name & address of purchaser (if known)
.....
.....
Postcode

7) Name & address of landlord/owner or agent (if applicable)
.....
.....
Postcode

SECTION FOUR: METHODS OF PAYMENT

The bill you will receive will be payable in monthly instalments over the number of payment months remaining in the tax year. You will be sent a payment card automatically, which will arrive separately from your bill that will enable you to pay the Council Tax at either the Council Offices or at any Post Office. However, you may want to choose to pay your Council Tax quarterly, six monthly or annually. If this is the case, please indicate your preferred payment plan.

I wish to pay:

<input type="checkbox"/> Quarterly	<input type="checkbox"/> Six Monthly	<input type="checkbox"/> Annually
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Please tick this box if you wish us to send you a Direct Debit mandate.

You can also obtain a Direct Debit Mandate at: www.cambridge.gov.uk

You can contact us at: revenues@cambridge.gov.uk

SECTION FIVE: DECLARATION

WARNING: Giving incorrect or false information may result in penalties being issued.

We will not disclose information about you to anyone outside Cambridge City Council or use information about you for other purposes unless the law permits us to. If you want to know more about the information we have about you, or the way we use your information then please contact us at the address at the top of this form.

I declare the information given above is correct to the best of my knowledge and belief.

Signed:	
Date:	
Full Name:	
Address: Postcode
Telephone Number:	
Email Address:	

IMPORTANT NOTICE

We are required under Section 6 of the Audit Commission Act 1998 to participate in the National Fraud Initiative (NFI) data matching exercise. Council Tax data may be provided to the Audit Commission for NFI and may be used for cross-system and cross-authority comparison for the prevention and detection of fraud. We advise Council Tax payers that the data held by the Authority in respect of your Council Tax account will be used for cross-system and cross-authority comparison purposes for the prevention and detection of fraud.