

**CHANGE OF ADDRESS NOTIFICATION** 

Municipal Buildings West Street Boston, Lincs PE21 8QR

Telephone: (01205) 314202 Fax: (01205) 364604 Web: www.boston.gov.uk

Date:				
lease complete this form in <u>full</u> as Boston Borough can only use the information provided by you. hould you have any queries, require further information or have difficulty reading this form, please ontact Boston Borough at the above address.				
ROPERTY YOU ARE MOVING FROM				
LEASE COMPLETE THE WHOLE OF THIS FORM IN BLACK INK				
Property reference:  Account reference:				
Full names of Council Tax payers:				
Full address of property including postcode:				
Centaet telephone number/ Empil address:				
Contact telephone number/ Email address:				

## Please complete the relevant section below

## PROPERTY SOLD

## **PROPERTY RENTED**

Date of Vacation Completion date of sale	Date of Vacation Tenancy end date	
The date of the property was emptied of furniture (if	The date the property was emptied of furniture (if	
applicable)  Full name of purchaser(s) if known	applicable)  Name, address & tel. no of	
otherwise full name, address, tel no. & reference of you Solicitor (this may be used to resolve any queries about the date of sale & full names of purchaser(s))	Landlord or Managing Agent	

Please detail your new address if moving **outside** of the Boston Borough area. If you are staying in

Is everyone leaving the household? YES/NO If NO, please detail who remains in the property

the Boston Borough area, please continue to complete the rest of the form.

Your Council Tax will be recalculated if you have left the Boston Borough area and any overpayment will be refunded to you.

## PROPERTY YOU ARE MOVING TO

Property reference:			Account reference:		
Full add number	dress of property including p	oostcode (if this i	s a newly built	property, ple	ease also state the plot
Have you	joined the existing househo	old? Yes	No 🗌		
	Please o	complete the re	levant sectio	n below	
PROPER	TY PURCHASED		PROPE	RTY RENTE	<u>:D</u>
Compl	etion date of purchase		Tenancy state date		
Date o	f occupation		Date of occ	Date of occupation	
furnish	he property was led (if remains ished please advise)		Date prope furnished (i unfurnished	•	ise)
Name & forwarding address of previous owner(s) if known, otherwise full name, address, tel no. of your Solicitor (this may be used to resolve any queries about the date of purchase & full names of vendor(s))			Name, address & telephone no. of Landlord or Managing Agent		
			Is this a furnished or unfurnished let?		
Please p	rovide the <b>FULL</b> names of t	hose aged 16 or	over living in	your new hor	ne including yourself.
TITLE	FORENAMES	SURNAME		DOB	OWNER/TENANT/ PARTNER/SPOUSE

Number of adults aged 18 or over in the property	' ()				
Do you wish to claim Council Tax/Housing Benefit?	Yes No				
How do you wish to pay your Council Tax:					
Direct Debit Standing Order Cash/Cheque Please note the Council no longer issues Allpay Cards Please use the barcode on the Council Tax Bill					
NB If you are moving within Boston Borough at details will be automatically transferred to you new a	rea and currently pay by Direct Debit, your Bank ddress, unless you advise otherwise.				
For other methods of payment, please refer to the re	everse of the Council Tax demand.				
If you have chosen Direct Debit, please complete the on the 4 <sup>th</sup> 12 <sup>th</sup> 20 <sup>th</sup> 28 <sup>th</sup> of each	e details below and select whether you wish to pay sch month over 10 months or 12 months				
Bank Sort Code	Bank Account number				
Name of Account Holder					
Name & Address of Bank					
DECLARATION AND SIGNATURE					
WARNING: Deliberately giving false information	on could lead to prosecution.				
I declare that the information I have given on thi knowledge and I understand that Boston Borough	is form is complete and accurate to the best of my Council may check the information given.				
Signature Date					
Full name in capitals					
(Administration & Enforcement) Regulations 1992 (Rused to help us determine your liability for and consections of this Council, with other Councils and with	n in accordance with the provisions of the Council Tax (leg.3) and the Data Protection Act 1998, S.29. It will be ollect your Council Tax. It may be shared with other nother public bodies to determine eligibility for Housing Tax, to assess and collect other Taxes and Duties, to event crime and to carry out public duties.				
For office use only					
Officer taking information	Date				
Information received via: _ Customer Services □	Telephone □ Post □				
Input by	Date				