UPRN : LCOC

BEDFORD BOROUGH COUNCIL
LOCAL TAXATION OFFICE,
FINANCIAL SERVICES GROUP
TOWN HALL, BEDFORD MK40 1SH

NOTIFICATION OF CHANGE OF ADDRESS

If require any help completing this form please contact the Local Taxation Office on Bedford (01234) 221659 or by email at localtax@bedford.gov.uk

Please return the completed form to: LOCAL TAXATION OFFICE, FINANCIAL SERVICES GROUP
BEDFORD BOROUGH COUNCIL, TOWN HALL, BEDFORD, MK40 1SH

PART 1: THE ADDRESS YOU ARE LEAVING

If the address you are moving from is not in the area of Bedford Borough Council go straight to **PART 2** overleaf.

Address of property

POSTCODE

Full Name(s) of person(s) moving out

Is the whole household moving? YES ☐ NO ☐

If NO, who is remaining at this address?

The date you are moving/moved out / /

Is all the furniture to be/been removed? YES ☐ NO ☐

If YES, date of removal / /

Is the property for sale/sold? YES ☐ NO ☐

If YES, the date of completion of sale / /

Name of purchaser

Address they are moving from

Do you/did you rent the property? YES ☐ NO ☐

If YES, name and address of landlord/or agent

The date your tenancy/lease ends/ended / /

Was it a furnished letting? YES ☐ NO ☐

Continued overleaf……

PART 2: THE ADDRESS YOU ARE MOVING TO

If the address you are moving to is not within the area of Bedford Borough Council you need only provide your new address below and then go straight to **PART 3**

Address of property

POSTCODE

Full Name(s) of person(s) moving in

The date you are moving in / /

Date the furniture was moved into the property / /

If you are purchasing the property, the name of the person you have bought the property from

Their new address

Completion date of the purchase / /

If you are renting the property, name and address of your landlord/their agent

The date your tenancy/lease started / /

Is it a furnished letting? YES ☐ NO ☐

If you are moving in with the existing Council Taxpayer please provide their full name below

How many adults will live at this address (including yourself)? ☐

If there is only one adult (i.e. only one person aged 18 or over) resident at this address you may apply for a 25% Single Resident Discount. Please tick if you wish to be sent an application form ☐

If you are on a low income you may be entitled to help with payment of the Council Tax. Please tick if you wish to be sent a Council Tax Benefit Application Form ☐

PART 3: DECLARATION

As far as I know the information I have given is accurate and true.
I authorise the Local Taxation Office to make enquiries necessary to verify the information given.

Your Signature _____ **Date** _____

Daytime Telephone Number _____
(you do not have to give a telephone number but it would be helpful in case clarification is needed).
Data Protection Act 1998: Information supplied on this form may be held on computer or other media for the purposes of Council Tax administration.