# Bedford Borough Council

***Borough Charter granted in 1166***

**Local Taxation Office**
**Borough Hall**
**Cauldwell Street**
**Bedford**
**MK42 9AP**
**Telephone: (01234) 718097**

**www.bedford.gov.uk/counciltax**

## Claim Form for Refund of Council Tax

**Council Tax Account Number:** ……

**Account Holders Name:** ……

**Council Tax Address:** ……

Please complete the boxes below and return the form to the above address.

**A.** Please complete either **(1)** or **(2)**

**1)** The refund is to be paid into the following bank account:

Account Number | | | | | | | | | Sort Code | | | | | | | | |

Account Name

or

**2)** The credit balance is to be set against the Council Tax account in respect of the following property: (if in Bedford Borough Council's area)

……

……

**B.** If you are the executor or representative you will need to provide the following documents:-

- a copy of the will
- the Grant of probate or
- letters of administration

Your name:

……

Your current address:

……

. **Please note, refunds will only be raised once legal documents have been granted by the courts.**

**C.** **By signing this form I declare the following:-**
**The information on this form is correct and complete to the best of my knowledge and belief. I understand that it is a criminal offence to make a statement or representation that I know to be incorrect or to provide documentation that is false or fail to disclose information to the authority where the law requires it, after this form is complete. If I do so I may be prosecuted**.

Signature:…….. Print name:…… Tel:…….. Date……

Signature:…….. Print name:…… Tel:…….. Date……

**(Joint Council Tax account refunds require signatures of both liable parties)**