



Harborough District Council
Revenues and Benefits Service
PO Box 10004
HINCKLEY
LE10 9EJ

Tel: 01858 828282
Fax: 01455 619853
Email: counciltax@harborough.gov.uk
Website: www.harborough.gov.uk

Dear Applicant

Please read these notes before completing the application form.

Council Tax – Deceased

1. Your name and relationship to deceased	
2. Address of property	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postcode</p>
3. Account Reference Number (from front of bill)	
4. Please supply the full name(s) on the existing account	
5. Full name of the deceased	
6. Date of death	
7. Please provide the names of any remaining residents.	
8. If there is an existing direct debit do you want this transferring?	YES/NO

If the property is now unoccupied and rented please complete the questions below:

i). Name and address of the landlord or agent	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postcode</p>
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ii). Full name and address of executors	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p style="text-align: right;">Postcode</p>
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iii). Contact address if different	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p style="text-align: right;">Postcode</p>
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iv). Tenancy cease date	
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If the property is now unoccupied and is owned please complete the questions below:

i). Full name and address of executors	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p style="text-align: right;">Postcode</p>
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ii). Contact address if different	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p style="text-align: right;">Postcode</p>
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iii). Tenancy cease date	
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Declaration: I declare the information stated above is true and correct to the best of my knowledge and belief. I shall advise the Council Tax Section if the circumstances change. I understand that making a false declaration could render me liable for prosecution. I authorise the Council to make such enquiries as it thinks fit to determine this application.

All information provided will be treated in compliance with the Data Protection Act 1998. The Council may wish to share the information you supply with other sections in the Council or other Local Authorities.

Signature	Print Full Name	
Date	Phone	Email
Capacity in which signed	Contact Address _____ _____ _____ _____ Postcode	

After completion please return, together with any supporting information, to:

Harborough District Council
Revenues and Benefits Service
PO Box 10004
HINCKLEY
LE10 9EJ

Office use only

Date received:

Date inspected:

Decision:

Decision advised: