

Civic Centre, Home Gardens, Dartford, Kent, DA1 1DR

Name: _____

Address: _____

Issue Date: _____

Account/Property Ref: _____

Property Address (if different): _____

COUNCIL TAX REGISTRATION FORM

It is important that you complete this form and return it promptly to the above address so the Council can update its records and if appropriate apply a discount for single adult occupancy. Details of other discounts, exemptions, reductions and Council Tax Benefits can be found in the Council Tax booklet sent with your bill or by logging on to www.dartford.gov.uk. If you think you may be entitled to a reduction in your bill please contact the Council Tax Section on 01322 343700.

Please Note: Registering for Council Tax does not mean you are automatically added to the Register of Electors. Please contact Electoral Registration on (01322) 343426 for a form.

WHO LIVES IN THE PROPERTY

You are required under the Local Government Finance Act 1992 to supply this information.

Please give details of all people including yourself **who are aged 18 or over** and who live at the above property as their main home, stating their relationship to you i.e. husband, wife, partner, son, daughter, mother, father etc. Please also include the name and date of birth of anyone **who will become 18 within the coming year**. If any of the people listed own or pay rent on the property please tick the relevant box below.

TITLE	FIRST NAME(S)	SURNAME	OWNER (✓)	RENT PAYER (✓)	RELATIONSHIP (see above)	DATE OF BIRTH
					YOURSELF	

If you are the owner, please state if you are: Freeholder Leaseholder

If you are a rent payer, please give the name & address of your landlord/agent: _____

What date did your ownership/tenancy begin? _____

What date did you actually move in to the property? _____

If the above dates are different please confirm if the property was Furnished Unfurnished while it was unoccupied.

Your previous address _____

(please supply your previous address if it was within the Dartford Borough area)

NOW PLEASE SIGN THE DECLARATION OVERLEAF

DATA PROTECTION ACT 1998

The information you have provided on this form will be used to assess your liability for Council Tax including the calculation of any associated discounts, reliefs and benefits. It will be held securely and used in connection with the billing, collection and recovery of Revenues due to this Authority.

All or part of the information provided may be disclosed or supplied to external organisations or bodies such as Courts, Bailiffs, Benefits Agency, any other charging authority and to the Council's external auditors for the following purposes;

- the prevention or detection of crime;
- the apprehension or prosecution of offenders
- the assessment or collection of any tax or duty in any case where failure to disclose would be likely to prejudice any of those matters;
- data matching initiatives with other statutory bodies for the purpose of fraud prevention and detection.

All or part of the information provided may also be used by other Departments of the Council for purposes connected with the collection of Council debts or to assist in other statutory functions such as Environmental Health or Planning. The Council may make a search (including making enquiries about principle directors) with a Credit Reference Agency. The Credit Reference Agency will keep a record and may share the information with other businesses.

DECLARATION

Please sign the declaration below and return **to Dartford Borough Council within 21 days of the date of issue**. Failure to supply information to enable this Authority to determine the liable person, without reasonable excuse, may result in a penalty of £50 being imposed. The penalty may increase to £200 for subsequent failures.

I/We declare that the information given in this form is correct to the best of my/our knowledge and belief. I/We also undertake to promptly inform the Council of any change in circumstances, which may affect my/our entitlement to discounts, reductions or exemptions, which may have been awarded.

I/We are aware that the Council will create and maintain computer and paper records on me/us and that these records will be processed in accordance with the Data Protection Act 1998 and may be used for the purposes detailed above, both internally within the Council and to external bodies.

Signature(s) Of Occupier(s):

_____ **Date:** _____

YOUR CONTACT DETAILS

Please provide a day-time telephone number so that we can contact you easily if there is a query with your account.

Tel No: _____ Name: _____ HOME/WORK/MOBILE

Tel No: _____ Name: _____ HOME/WORK/MOBILE