

# Council Tax - Notification Of Change Of Address

## SHETLAND ISLANDS COUNCIL Finance

Charlotte House  
Commercial Road  
Lerwick  
Shetland  
ZE1 0LX



Tel: (01595) 744683 (Direct Line)

Part 1

**Full Name/s :** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Full Name/s :** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Part 2

**Please provide details of previous address**

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property reference number**  
\_\_\_\_\_

**Account number**  
\_\_\_\_\_

**Has previous address been sold / tenancy ended\***

**Name and previous address of new owner / landlord\***  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date sold / tenancy ended\***  
\_\_\_\_\_

Part 3

**Please provide details of new address**

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property reference number**  
\_\_\_\_\_

**Account number**  
\_\_\_\_\_

**Has new address been purchased / rented\***

**Name and address of previous owner / landlord\***  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date purchased / tenancy started\***  
\_\_\_\_\_

Please turn over

**Part 4**

**Has liability to be transferred for any other reason**

**Details**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**From**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date**

\_\_\_\_\_

**Please choose a method of payment**

**Direct Debit**

**Standing Order**

Weekly

Monthly

**Swipe Card**

Weekly

Fortnightly

Monthly

**SIC Salary/Wages**

Monthly

Fortnightly

We may check information that you have provided or that has been provided about you against relevant information that we already hold to make sure that it is accurate. We may also lawfully disclose information to other public sector agencies to:

- Prevent or detect benefit fraud and any other crime
- To support national fraud initiatives
- To protect public funds

**Declaration: -**

I declare that the information given on this notification is to the best of my knowledge correct, and I undertake to notify Shetland Islands Council Finance Services immediately if circumstances or the occupancy of the dwellings change.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Contact / Caller\* Name** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Finance Use**

By Telephone  (tick) Date Entered \_\_\_\_\_ Initials \_\_\_\_\_

Assessors Notification Ref. \_\_\_\_\_

**\*Delete as appropriate**