



Revenues  
8 North Ness Business Park  
Lerwick  
ZE1 0LZ  
01595 744683

local.taxation@shetland.gov.uk

## Sole or Main Residence Questionnaire

If you live at more than one address, it is up to the local authority to decide which address is your main residence for council tax purposes. Please complete the below questionnaire and return it to;

- local.taxation@shetland.gov.uk , or
- Revenues, 8 North Ness Business Park, Lerwick, Shetland, ZE1 0LZ

### PART A: Questionnaire

Please give details of the two addresses you live in below;

Address A:	Address B:
Postcode:	Postcode:

Council Tax Account numbers for properties (if applicable)	

Please answer the questions below for each property	Address A	Address B
Do you own the property?		
Do you rent the property?		
Is the accommodation provided by your employer?		
What is the reason for having a second home? (retirement, employment, or otherwise)		
If you have a partner, at what address do they reside? (indicate Address A or Address B, if appropriate)		
If you have children, from which address do they attend school? (indicate Address A or Address B, if appropriate)		



	<b>Address A</b>	<b>Address B</b>
At which address are you registered for income tax purposes?		
At which address do you appear on the electoral register?		
At which address are you registered with a doctor or dentist?		
At which address are your personal possessions kept?		
How long out of 52 weeks do you spend at each address?		
To which address do you ultimately intend to return and when?		

Please use the box below to provide any other relevant information;

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**PART B: Applicant's Declaration**

I accept responsibility for the information given in this form, and declare that it is true and accurate to the best of my knowledge and belief.

I authorise the council to make any enquiries it considers necessary to verify the details of this claim.

I undertake to notify Shetland Islands Council Local Taxation Team immediately if circumstances or the occupancy of the dwellings change.

Applicant's signature:	Date:

Contact Telephone Number:	Contact Email Address:

Would you like to receive your council tax bills electronically to the above email address?

Yes  No

When you have completed this form, please return to the address /email address on page 1 of the application form.