



County Treasurer
Revenues & Benefits Services

Your Ref:

Our Ref:

Please ask for: Council Tax

Telephone: (01432) 260360

Fax: (01432) 260484

E-mail: counciltax@herefordshire.gov.uk

Sole Or Main Residence

COUNCIL TAX ACCOUNT NUMBER:

To determine which property should be regarded as your "sole or main residence", please supply the information requested below. The questions asked are based on government guidelines and also reflect matters that Valuation Tribunals have considered to be relevant in deciding appeals.

A	First Address:	
	Do you own the property?	Yes / No
	If the property is jointly owned, please give the name of the other owner(s)	
	If you are not the owner, please give the owners name and address	
	If the property is rented, is it rented as	Furnished / Unfurnished
	Has a lease been granted for at least 6 months?	Yes / No
	Do your spouse, and children, (if any) live there?	Yes / No
	Do you keep most of your possessions there?	Yes / No
	Do you normally spend weekends there?	Yes / No
	Do you normally spend time off other than weekends there? (This would include holidays, bank holidays, periods of sickness etc)	Yes / No

B	Please state your other address:	
	It would be helpful if you could enclose a copy of the bill for this property.	
	Please give the name of the Local Metropolitan, Borough or District Council:	
	Telephone Number:	
	Do you own the property?	Yes / No
	If the property is jointly owned give the name of the other owner(s):	
	If you are not the owner please give the owner(s)' name and address:	
	If the property is rented, is it rented as	Furnished / Unfurnished
	Has a lease been granted for at least 6 months	Yes / No
	Please estimate of the number of days per year you spend at each address?	A <input type="checkbox"/> B <input type="checkbox"/>

	<u>Please tick the appropriate boxes for the following questions:</u>	Property
	Which address do you consider to be your home?	A <input type="checkbox"/> B <input type="checkbox"/>
	Where are the majority of your possessions kept?	A <input type="checkbox"/> B <input type="checkbox"/>
	To which address is the majority of your post delivered?	A <input type="checkbox"/> B <input type="checkbox"/>
	At which address are you registered with your doctor/dentist?	A <input type="checkbox"/> B <input type="checkbox"/>
	At which address does your name appear in the electoral register?	A <input type="checkbox"/> B <input type="checkbox"/>
	If you have children, in which area do they attend school?	A <input type="checkbox"/> B <input type="checkbox"/>

DECLARATION

I certify that the information given in this form is correct to the best of my knowledge and belief.

Signed: _____ Dated: _____

Full Name: _____

Thank you for completing this form please return it to: **The Council Tax Department, Herefordshire Council, P.O. Box 224, Hereford, HR1 2XW**

If you would like more information, advice or help with the form please contact the Council Tax Department at the above address, by email or on telephone number **(01432) 260360**. Telephone lines are open from 8:45 a.m. until 5:15 p.m. from Monday to Wednesday, from 8:45 a.m. until 4:00 p.m. on Thursday, and 8:45am until 4:45pm on Friday.