

Eden

District Council

Moving In

Please tick YES or NO where appropriate
YES **NO**

1. Full Name(s) of all occupant(s) over the age of 18 years.	
2. Address of the property you are moving into Reference No	
3. Have you paid Council Tax in Eden previously?	<input type="checkbox"/> <input type="checkbox"/>
4. If Yes, at what address?	
5. Are you the owner of the property? If yes, please indicate from what date and then proceed to question 8	<input type="checkbox"/> <input type="checkbox"/>
6. Who is the owner?	Date
7. Is it a furnished let?	<input type="checkbox"/> <input type="checkbox"/>
8. If not furnished, what date will it be furnished?	
9. The date you occupied the property (if different)	
10. If this property is your second home, please provide the address of your main residence.	
11. Are you a single resident?	<input type="checkbox"/> <input type="checkbox"/>
12. Is this a newly built/converted property?	<input type="checkbox"/> <input type="checkbox"/>
13. Which method of payment would you like to use?	
14. Contact telephone number	

I have completed this form and the information I have given is correct to the best of my knowledge. I understand that I must advise the Council of any changes in circumstances which may affect my Council Tax.

Signed: Date:.....