

Account Reference:

Please return this form to:

Local Taxation Section, Pathfinder House, St Mary's Street, Huntingdon, Cambs, PE29 3TN

Regulation 36 of the Council Tax (Administration & Enforcement) Regulations 1992
WITHIN 14 DAYS - You must supply the details requested on this side of the form,
for every person who has had a Liability Order granted against them.

Personal Details

You

Name

Tel No

Partner

Name

Tel No

You do not have to provide this, but it may help in case of a query

Employment

You

Are you employed?

YES

NO

Tel No

If yes, please supply -

The name and address of your employer and Works Number / Pay Reference

You

Partner

Average Net Earnings (take home pay)

£ _____ per WEEK or MONTH?

£ _____ per WEEK or MONTH?

If an attachment of earnings order is currently in force, please give details

Other Income

Are you receiving Income Support, Jobseeker's Allowance/Employment and Support Allowance or Pension Credit?

You

YES

NO

National Insurance No:

Partner

Name

YES

NO

If **NO** – if you are not employed, or receiving Income Support / Job Seekers Allowance/Employment and Support Allowance or Pension Credit, please give details of how you obtain income (e.g. self-employed, Incapacity Benefit, Investments, Pension) and how much you receive.

You

Partner

Please supply the names of any other occupiers, over the age of 18, at this address and their relationship to you

I / we declare that the information given here is true and correct. I / we understand that if I / we do not provide the information, WITHIN 14 DAYS of this request, I / we may be liable to a COURT FINE OF £500. Also, if I / we supply false information, I / we may be liable to a COURT FINE OF £1,000 AND A CRIMINAL RECORD.

Signed _____ Print Name _____ Date _____

Signed (partner) _____ Print Name _____ Date _____

