

Northumberland County Council

Revenues Section County Hall Morpeth NE61 2EF

Tel: 0345 600 6400

Email: counciltax@northumberland.gov.uk

Date:

Address of Property						
Account Reference						
Name of Applicant:						
Address of Hospital / Care Home:						
Date of admission to Hospital/Care Home:						
Alternative name and address for future correspondence:						
If you were the TENANT :						
Landlord name and address						
Date you moved out:			Tenancy end date:			
If you were the OWNER :						
Date you moved out:			Do you still own this property – YES/NO (delete as appropriate)			
If NO – please give date property sold:						
New owner(s) name(s):						
Address if different to prop	erty:					
DECLARATION I declare that the information given above is correct to the best of my knowledge and belief.						
Signature:					Date:	
Full Name (please print):					Mobile:	
Telephone Number:				Email:		