



COUNCIL TAX

WEST OFFICES, STATION RISE, YORK, YO1 6GA TEL: (01904) 551558

APPLICATION FOR EXEMPTION

Dwellings left empty by persons receiving care (Class I)

Date of Issue

UPRN _____

Name of Liable Person : _____

Address of Property: _____

Correspondence Address: _____
(if different from above) _____

Contact telephone number/ e mail address _____

Full Name of person receiving care	Address where moved to, to receive care (if different from correspondence address above)	Name of liable person at address where receiving care	Date left own property to receive care	Date (or estimated date) of return to own property

DECLARATION

I declare that the information that is given is, to the best of my knowledge, true and accurate.

Signed

Date