

Omhairle nan Elean Siar Sandwick Rd, Stornoway, HS1 2BW

Telephone: 0845 600 2772

COUNCIL TAX – TENANT MOVING INTO PROPERTY

Council Ta	ax Ref. No.					
Property A	Address					
Tenants h	•	to provide the Comhairle with details of cha	anges in the occupation of			
Please co	mplete this fo	orm and return it to the address above.				
Any additi	onal informat	ion should be provided in the section overleaf.				
1.	Details of p	erson(s) moving into property				
a)	Your Name(s	s)				
b)	Date tenanc	y started				
c)	Is property r	rented as furnished accommodation?	Yes/No			
d)	Date you mo	oved in (or moved furniture in) if different from a	bove			
e)	Your previou	us address(s)				
	(if other peo	ple are sharing the property with you please giv	e full details overleaf)			
2.	Please give name and address of the owner and/or their agent or solicitor.					
	Name and a	address of owner				
	Name and a					
	ivame and a	address of agent/solicitor				

Please give details below of all occupants who are over 18 or who will become 18 within the next 12 months (if you are living alone please enter "NONE").

Full name	Relationship to liable person (eg joint tenant, husband, wife, partner etc)	Date of birth (if under 18)	Date moved in (if different from date given overleaf)	Previous Address (if different from address given overleaf)
Additional Information				
The particulars shows my knowledge. Any will be notified to Com	changes in circur	nstance tha	at may affect	-
Signed		Da	te	
Name			phone	
			mobile (In case we	need to contact you)
Email Address				

Forms can be returned by mail to the address shown above or scanned and returned by email to counciltax@cne-siar.gov.uk