



Enquiries to: **Billing Section**  
Direct Dial: **(01827) 719357**

Date of issue:

Account Ref

Upn:

Please complete this form and return to:  
COUNCIL TAX DEPARTMENT  
COUNCIL HOUSE  
SOUTH STREET  
ATHERSTONE  
CV9 1DE  
Telephone: **01827 719357**  
Email: counciltax@northwarks.gov.uk

**CHILD BENEFIT PAYABLE**



**APPLICATION FOR PERSONS TO BE DISREGARDED FOR COUNCIL TAX PURPOSES**

This form is to be completed and returned by the person responsible for payment of the Council Tax (the liable person).

**PART 1:** Please provide the following information:

Name:	
Property Address:	..... ..... ..... .....

**PART 2:** Please list below all adult residents aged 18 and over in the property, including yourself:

Title:	Forename(s):	Surname(s):	D.O.B.

**PART 3:** Details of person for whom Child Benefit is payable.

**Any residents under the age of 18 will automatically be disregarded for the council tax purposes.**

Surname:	Forename(s):	Date of Birth:	Date benefit ceases:

**You must provide confirmation of receipt of child benefit when making the application.**

**I declare that the information given above is correct to the best of my knowledge and belief.**

Signed: ..... Name  
(BLOCK CAPITALS): .....  
Tel: ..... Date: .....  
E-mail: .....

**IMPORTANT:**

**You must notify the Council Tax Department if the above circumstances change.  
If you fail to do so, you may be subject to a penalty of £70.**