Rossendale Borough Council

PO Box 104

Futures Park, Bacup, OL13 3BU

Tel: 01706 217777

RETURN THIS FORM TO:

counciltax@rossendalebc.gov.uk



COUNCIL TAX A NUMBER	CCOUNT	D/			TE				
			ISCOUNT / E N DETENTIC		PTION				
ADDRESS OF PRO					CLAIMED)		7	
NAME(S) OF PROP	ERTY OWNER(S)								
DETAILS OF COUNC	IL TAX PAYER								
TITLE	TITLE FORENAME			SUR	RNAME				
DETAILS OF PERSO	N IN DETENTION								
TITLE	SURNAME					PRISONER NUMBER IF KNOWN			
FORENAME									
NAME AND ADDRE	ESS OF DETENTION	N CENTRE							
DATE TAKEN INTO	CUSTODY		EXPEC	TED DA	TE OF RE	LEASE			
	son, hospital or so ntence for non-pa ppriate box)				YES		NO		
Total number o	f adult occupan	ts in proper	ty (18 years a	and ov	er <u>incl</u>	uding	person in		
Signature and Dideclare that the understand that the	e information giv	ven is true a	and complete			•	•		
Surname					Date				
Please remember	the Council mu	st be informe	ed immediately	of any	y change	es in re	esidence or		