



COUNCIL TAX

P.O. BOX 31, LIBRARY SQUARE, YORK, YO1 7DU

TEL: (01904) 551558

APPLICATION FOR EXEMPTION/DISCOUNT
Students/Student Nurses (Class N)

Date of Issue

UPRN _____

Name of Liable Person : _____

Address of Property: _____

Name & Address of Landlord: _____
 (if different from above) _____

Total number of adults resident in property

Date moved into property ___/___/____

Full name of student as detailed on your student registration form	Date of Birth	Name & Address of educational establishment	Name of course being undertaken	Course start date	Course end date

Please provide proof of student status in the form of a student exemption certificate that is provided by your college or university.

DECLARATION

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

Signed

Date