



# COUNCIL TAX

WEST OFFICES, STATION RISE, YORK, YO1 6GA 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

Contact telephone number/ email address \_\_\_\_\_