

COUNCIL TAX

WEST OFFICES, STATION RISE, YORK, YO1 6GA TEL: (01904) 551558

APPLICATION FOR EXEMPTION Dwellings left empty by persons receiving care (Class I)

		Date of Issue			
		UPRN		_	
Name of Liable	Person :				
Address of Prop	perty:				
Correspondence (if different from	e Address: above)				
Contact telepho	ne number/ e mail addre				
Full Name of person receiving care	Address where moved to, to receive care (if different from correspondence address above)	Name of liable person at address where receiving care	Date left own property to receive care	Intend to return to the property? Yes/No	
DECLARATION	I				
I declare that the and accurate.	e information that is give	en is, to the best of my	/ knowledge	, true	
Signed		Date			