

SECTION 2

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| Trading Name (Personal Name and Trading As or Limited Company Name) |
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| Date you took responsibility of the property: | Any other current Business Address: |
| Are you a lease holder: yes/no | |
| If so, start date of lease: | |
| If so, end date of lease: | |

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| When do you intend to occupy the property? Please give details. |
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| Home Address: | Previous Business Address: (If applicable) |
| Postcode: | |
| Telephone Number: | |

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| Name and forwarding Address of outgoing occupier: | Date of Vacation: |
| Postcode: | Was a lease held: yes/no |
| Telephone Number: | If so, end date: |

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| Name and Address of property owner: | |
| Postcode: | Telephone Number: |

Please confirm if you wish to pay by Direct Debit Yes / No

PLEASE COMPLETE, CHECK, SIGN AND RETURN TO THE ABOVE ADDRESS

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|----------------|--------------|
| SIGNED: | DATE: |
|----------------|--------------|

DATA PROTECTION ACT 1984

The information you have given on this form will be held on a computer system registered under the Data Protection Act. We must protect public funds and so may use the information you provide to prevent and detect fraud. We may also share the information with other sections that provide Council services.