

**APPLICATION FOR A COUNCIL TAX DISCOUNT
SCHOOL/COLLEGE LEAVER**

To be completed by the Council Taxpayer



Our Ref:
Telephone: 01452 396396
Email: revenues@gloucester.gov.uk
Website www.gloucester.gov.uk
Date:

Please fill in this form and return it to us within 14 days of the date shown above.

If you have any questions about this letter, please e-mail us at revenues@gloucester.gov.uk or telephone us on [01452 396396.] If you want to discuss your council tax at our offices, you will need to make an appointment in advance. Based on the information you have given we will either update our records and send a new bill to you or contact you for more information.

School/College Leaver's Details

1) Please give the full name of the person who is a school or college leaver:

.....

2) Please give the school leaver's home address

.....
.....

Total number of people over the age of 18 living in the property:

3) Please give the date of birth of this person (dd/mm/yy):.....

4) Please give the full name and address of the school or college attended:

.....
.....

5) Please give the person's course start and end date (dd/mm/yy):

Start:..... End:.....

Data Protection Privacy Statement

Any personal information that you provide will be processed in accordance with current Data Protection laws. It will be used by Gloucester City Council and our partners to deliver and improve services and fulfil our legal duties. We will not disclose any personal information to anyone else unless required or allowed to do so by law. Read more about how we use personal data on our website: <https://www.gloucester.gov.uk/about-the-council/data-protection-freedom-of-information/data-protection/>

Declaration:

The school/college leaver named above was / will be 18 years of age on (dd/mm/yy):and ends / ended their course of education on (dd/mm/yy):

I declare that the information given on this form is correct to the best of my knowledge. I will tell Revenues & Customer Support if there are any changes in the future to the information I have given on this form that may affect the amount of Council Tax that is to be paid.

I declare that the information given is correct. I do not object to the council making any necessary enquiries to check this information

Signature:

Print Full Name:

Email address:

Phone Number:

Date:

(You do not have to tell us your telephone number or email address, but doing so will help us to contact you quickly in case we need any more information)

The information you have provided on this form will be used in order for Gloucester City Council to process your council tax. Please sign the declaration above and return the completed form to Gloucester City Council, Revenues and Benefits, Eastgate Management Suite, Eastgate Street, Gloucester, GL1 1PA

Uploading this form and supporting evidence:

Why not save time and upload the completed form free of charge by registering for a 'My Gloucester' account by going to our website at www.gloucester.gov.uk