

COUNCIL TAX SECTION P O Box 136 Buxton SK17 1AQ

Direct Dial 0345 6053011 www.staffsmoorlands.gov.uk

COUNCIL TAX DISCOUNT: PERSONS AGED 18

APPLICATION TO BE DISF	REGARDED			
			Account Ref:	
			Date:	
You should complete this ap	plication form ir	n respect of any persor	ıs who you consider sh	nould be disregarded in the
assessment of Council Tax	discounts beca	use they are aged 18 y	ears and Child Benefit	is being paid for them.
Full Name of Taxpayer				
Address of Property:				
Post Code:				
Total number of Adults resi	dent in the prop	erty:		
PERSONS TO BE DISREC	SARDED			
Full Name:	Date of Birth	Child Benefit Allowance Number	Date Person Leaves School	Relationship of Taxpayer to Person
You will need to provid from:	le proof of the	e day child benefit p	payments will end.	You can obtain this
Child Benefit Office (W Freepost NEA 10463 PO Box 133 Washington NE38 7BR	ashington)			
Telephone 0300 200 3	100			
DECLARATION I declare that the inform	mation given	is, to the best of my	/ knowledge, true a	and accurate.
Signed	Date			