



**Public Services**  
Revenues  
Laurence House  
Catford  
London SE6 4RU

Direct line 020 8690 9666

Date:

Our ref  
Your ref

### COUNCIL TAX REFUND APPLICATION FORM

I/We apply for a refund of overpaid Council Tax on account number	
Address where account in credit:	
Address where refund is to be sent:	
Please sign and date beside your name. All liable person(s) <b>must</b> sign the form	
<b>Liable person(s) for named account:</b>	
<b>Signature of liable person(s):</b>	
<b>Date:</b>	<b>Contact telephone number:</b>
Name of nominated payee for refund:	
Bank Details (Refunds are only paid by BACs)	
<b>Account Name:</b> ..... <b>Bank Name:</b> .....	
<b>Bank Account No:</b> ..... <b>Sort Code:</b> .....	
If you are no longer the liable person for	Please supply the name and address of who is below?
Please return your form to: <b>Council Tax, PO Box 58993, London SE6 9GZ</b> within the next 28 days. If you need further help or advice please contact us on the telephone number shown above.	
I understand that the information I have supplied will be retained and used by the Council in connection with the collection of Council Tax. I consent to the information being disclosed to other parts of the Council and to third parties (e.g. DWP), or in such other circumstances where the law might otherwise allow. I also understand that I have a right of access to the information the Council holds in respect of me and that I may obtain a copy of the information upon written request and payment of the required fee.	