



Public Services
Revenues
Laurence House
Catford
London SE6 4RU

Direct line 020 8690 9666

Date:

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) must sign the form	
Liable person(s) for named account:	
Signature of liable person(s):	
Date:	Contact telephone number:
Name of nominated payee for refund:	
Bank Details (Refunds are only paid by BACs)	
Account Name: Bank Name:	
Bank Account No: Sort Code:	
If you are no longer the liable person for	Please supply the name and address of who is below?
Please return your form to: Council Tax, PO Box 58993, London SE6 9GZ 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. the Benefits Agency), 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.	