## Please complete and return this form to:

Revenues, Benefit & Customer Services District Council House, Frog Lane, Lichfield, Staffordshire, WS13 6YX



Your Name: Your Address: Web Download Customer Services: 01543 308900 Email: Revenues@LichfieldDC.gov.uk

## **Council Tax & Business Rates refund application**

## Account reference number:

Address for which refund is claimed:

- If the account in credit is in the name of more than one person, we will require written consent from <u>all</u> parties named on the bill to make payment in one name only.
- If you wish the payment to be made to a party other than that named on the account, please provide written authorisation or evidence you are entitled to do so.
- If you have any outstanding debt to the council, (including Housing Benefit Overpayment, Sundry Debtors Invoice, Council Tax or Business Rates) any credit will be transferred to this debt.

If you would like the refund paid by BACS, please supply your bank details

Sort Code							Account Number								
Name on ba	nk account	:													
Please complete	e below if y	ou wo	uld like	e a che	que										
Name of payee for refund															
Address to which ch	neque should	be sent	if differe	nt from	above:										
To claim your re	fund, plea	se sign	and da	te bel	ow										
Signature								Date							
Print							Con	tact nu	mber						



Signature

Print







Date

Contact number