



**REVENUE SERVICES,
HOLT ROAD, CROMER, NORFOLK, NR27 9EN**

For guidance or advice on completing this form
EMAIL ctax@north-norfolk.gov.uk

To receive this form in a different format or language,
please phone 01263 513811



Change of Name

Council Tax Reference No

1. Your Details

Please give us the following details so we can contact you if we have a query regarding this form:

Title:	Forename(s):	Surname:
Address:		
Postcode:		
Daytime telephone Number:		
Mobile Number:		
Email address:		

The name you are changing:		
Your New Name:		
Reason for change:		
Date of Change:		
Has the number of people in your household changed?	YES	NO
If YES, please enter the name(s) of the other resident(s): (only give details of residents over 18 years)		
Date the other resident(s) moved in:		
Address the other resident(s) moved from:		