

Request to Pay Council Tax On behalf of a Liable Person

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS
AND RETURN IT TO Exchequer Operations Team, PO Box 5650, Inverness, IV3 5YX

To be completed and signed by the representative of the liable party	
I agree to pay Council Tax on behalf of	
Representative's full name and address	
Representative's status/connection to liable party	
Representative's telephone number	
Representative's E-mail address	
Representative's signature	Dated

To be completed and signed by the liable party	
I agree to the re-direction of my Council Tax bills to	
Liable party's full name and address	
Liable party's telephone number	
Liable party's E-mail address	
I understand if my representative does not pay my Council Tax I will be responsible for payment	Signed Dated