

4. Certificate to be completed by Council Tax payer.

The particulars shown on this form are true, accurate and complete to the best of my knowledge. Any changes in circumstance that may affect Council Tax liability will be notified to Comhairle nan Eilean Siar immediately.

(By law the person liable to pay Council Tax is obliged to inform the Comhairle of any change in circumstances which may affect the charge.)

Signed _____ Date ____/____/____

Name _____ phone _____

mobile _____

Email Address _____

Forms can be returned by mail to the address shown above or scanned and returned by email to counciltax@cne-siar.gov.uk