



# UTTLESFORD DISTRICT COUNCIL

## COUNCIL TAX

### APPLICATION FOR FLOODING RELIEF

Council Offices  
London Road  
Saffron Walden  
Essex  
CB11 4ER

01799 510510

Name of Council Tax payer: .....

Account Number: .....

Address to which application relates: .....

..... Postcode: .....

Telephone Number: .....

Date of Flooding: ..... / ..... / .....

Date you moved out: ..... / ..... / .....

Forwarding Address: .....

..... Postcode: .....

Telephone Number: .....

Date re-occupied or expected date: ..... / ..... / .....

Has all the useable furniture been removed from the property Yes  No

Please give information of the damage caused by the flood

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.....  
.....

Please provide supporting evidence of the flooding with this application.

..... (Council Tax payer Name)

..... Signature of Council Tax payer

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For Office use only

Recommended: ..... / ..... / .....

Approved: ..... / ..... / .....

