

# ABBINGTON BLAKE ASSOCIATES LTD

## COUNCIL TAX PROPERTY QUESTIONNAIRE

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Local Council / Billing Authority: \_\_\_\_\_

Current Council Tax Banding  Proposed Council Tax Banding

### Your Property Details

What type of property is it? House  Bungalow  Other (Please Specify)

Is The Property (or Building if a flat / apartment)

Detached  Semi-Detached  Terrace  End Terrace

Central Heating YES/NO

Double Glazing YES/NO

### Car Parking Facilities

What sort of Garage do you have? None  Single  Double  Other

Do you have a driveway? YES  NO  Number of Parking Spaces

### Conservatories

What type of Conservatory do you have?

None  Single Glazed  Double Glazed  Older Style Lean To

Please enter the number of rooms for the following

Reception Rooms  Bedrooms  Kitchens  Bathrooms/Ensuites  Other

What year was the property built?

Approximate date you moved in to the property

What was the value of the property when you moved in?

### Additional Information:

ANY EXTENSIONS/CONVERSIONS (if so date added onto property): \_\_\_\_\_

# ABBINGTON BLAKE ASSOCIATES INSTRUCTION TO COUNCIL

I/We appoint Abbington Blake Associates Ltd to act on behalf of the undersigned in connection to review any potential claim for Council tax charges.

This Authority will endure until cancelled in writing.

Please deal directly with Abbington Blake Associates Ltd and provide them with any information they may request including any arrears. Please treat this letter as giving Abbington Blake Associates Ltd full authority to act on my behalf of the undersigned in investigating, accepting or rejecting any refunds of payments offered.

Declaration of truth; I can confirm that at this moment in time there are no arrears on my Council Tax account and the information given in this document is to the best of my knowledge accurate and truthful. I also confirm that during the review period I will continue to pay my Council Tax as usual.

Upon a successful completion I request that any refund due, is paid in full rather than using some or all of the refund to pay off this year's Council tax bill.

By signing this agreement, the signatory(s) confirms having read and received the terms and conditions of service of Abbington Blake Associates Ltd and confirms that the terms are fully understood and accepted as the binding agreement in connection with all services provided by Abbington Blake Associates Ltd.

**Form Completed By**    **Owner**     **Occupier**     **Other**

**(FOR OFFICE USE ONLY) Advisor Name:**

**Name (Please Print)**

**Home Tel Number**

**Mobile Tel Number**

**E Mail Address**

**Signature**

**Date**