



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

For guidance or advice on completing this form  
EMAIL [ctaxreg@north-norfolk.gov.uk](mailto:ctaxreg@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: