



## Council Tax Refund Request Form

Please use this form if you are the appointed Executor or Administrator for the estate of the person that has passed away and there is a credit on the account.

**Please note that if there is more than one Executor or Administrator, they will each need to sign this form so that your refund can be processed as requested.**

Please could you provide a copy of the Grant of Probate Certificate or a copy of the front page of the Will confirming the Executors details. If there is no will or the will is invalid, please send a copy of the letters of administration. The credit will be refunded by Bacs directly to a bank account, please complete the details below and return to this office as soon as possible. We do not refund by cheque.

Bank details	
Bank name:	
Account Number:	
Sort Code:	
Account name:	

Please complete the following fields:-

Council Tax account number	
Customer Name:	
Property address:	

In case we have any questions about your request it would be helpful if you could provide the following information:

Email address:		Daytime Telephone:	
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**DECLARATION**

**By signing this form I declare the following:**

**The information on this form is correct and complete to the best of my knowledge and belief. I understand that it is a criminal offence to make a statement or representation that I know to be incorrect or to provide documentation that is false or fail to disclose information to the authority where the law requires it, after this form is complete. If I do so I may be prosecuted.**

**I understand that this authority is under a duty to protect the public funds it administers and to this end may verify the information I have provided on this form with other internal departments, government agencies, local authorities and private sector organisations for the purpose of billing, collection and recovery of Council Tax & Business Rates and for the prevention and detection of fraud. It may also share this information with these agencies and other bodies responsible for auditing or administrating public funds for these purposes.**

Please print name:		Signature	
Please print name:		Signature	
Please print name:		Signature	
Please print name:		Signature	
Date			

Please upload this form:

[www.harrow.gov.uk/evidenceform](http://www.harrow.gov.uk/evidenceform) for Council Tax

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**Address** Harrow Council, Council Tax, PO Box 731, Harrow, HA3 3RG

**Web** [www.harrow.gov.uk](http://www.harrow.gov.uk)