



Falkirk Council

Chief Executive Office

Finance Services

Revenues & Benefits Division

HELP WITH PAYING YOUR COUNCIL TAX IF YOU OWN YOUR HOME

Application for Council Tax Reduction or Second Adult Reduction.

Reference Number								
Your surname								
All other names								
Your date of birth (DD/MM/YY)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your address								
Postcode								
Daytime Telephone No.			Mobile No.					
Email Address								

Signed _____ Date / /

Return this form to Falkirk Council Revenues & Benefits, Callendar Square, Falkirk, FK1 1UJ