



COUNCIL TAX REDUCTION & HOUSING BENEFIT CHANGE OF CIRCUMSTANCES

Name:
New address:
Post code:
Home telephone number:
Mobile number:
Email address:

For Official Use Only	
1st contact	
Issued	
Received	
Ben ref	
Enq ID	
Claim type	

IMPORTANT INFORMATION

Your Housing Benefit and Council Tax Reduction is worked out on the information you have given to us.

This form should be completed if you no longer get **INCOME SUPPORT, JOB SEEKERS ALLOWANCE, EMPLOYMENT AND SUPPORT ALLOWANCE or PENSION CREDIT.**

If you delay or don't tell us of changes in your circumstances and you get too much benefit, you will have to repay the overpaid amount back to us. Action may be taken against you which may result in a financial penalty or prosecution and loss of benefit.

If the change means you get more benefit, you must tell us within one month of the change or you could lose money.

Do you still want to claim Housing Benefit and/or Council Tax Reduction, free school meals (if you have children of school age)? **YES** **NO**

If you receive UNIVERSAL CREDIT you cannot receive HOUSING BENEFIT as well

Section 1. INCOME SUPPORT, JOB SEEKERS ALLOWANCE, EMPLOYMENT AND SUPPORT ALLOWANCE AND PENSION CREDIT

Do you or your partner receive Income Support, Jobseekers Allowance (income based), Employment and Support Allowance (income related), Pension Credit (guarantee credit) or Universal Credit? **YES** **NO**

Are you or your partner waiting to hear about a claim for Income Support, Jobseekers Allowance (income based), Employment and Support Allowance (income related), Pension Credit (guarantee credit) or Universal Credit? **YES** **NO**

Are you or your partner getting Pension Credit (savings credit) only, without guarantee credit? **YES** **NO**

If you do not know what type of Pension Credit you receive, your pension notice from The Pension Service will tell you.

Which benefit do you receive?

If you have ticked **YES** to any of the last 3 questions, go to Section 7. If you have ticked **NO**, or if you are not sure what type of benefit you receive, go to Section 2.

Section 2. BENEFITS, PENSIONS, TAX CREDITS AND ALLOWANCES

YOU **YOUR PARTNER**

YES NO YES NO

Do you or your partner receive any benefits, pensions, tax credits, or allowances?

PLEASE COMPLETE THIS SECTION IN FULL.

If you or your partner are currently receiving any of the benefits listed below, please tick the **YES** box next to each benefit. If you are waiting to hear about a claim you have made for any of them, tick **APPLIED FOR**.

Tick the **NO** box for each benefit that you or your partner do not get, and have not applied for.

	YOU			YOUR PARTNER		
	YES	NO	APPLIED FOR	YES	NO	APPLIED FOR
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Support Allowance Contributions Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jobseekers Allowance Contributions Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Independence Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us if you or your partner been told that you are entitled to carer's allowance, even if you do not receive it because you are getting another benefit instead.

Severe Disablement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Injuries Disablement Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fostering Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widowed Parent/Mothers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced Earnings Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardians Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How are you paid your benefits or allowances?
For example, giro, bank transfer. Please state:

Pensions

YOU **YOUR PARTNER**

	Date started	Amount	How often	Amount	How often
State Retirement Pension (see note below)	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Private Pension	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Superannuation/Works Pension	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Widows Pension	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Widows Pension	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Disablement Pension	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

How are you paid your pensions or other income?
For example, cheque, bank transfer. Please state:

Section 2. BENEFITS, PENSIONS, TAX CREDITS AND ALLOWANCES continued

YOU		YOUR PARTNER	
Type of income	Date of increase		

If any of the above income is increased regularly, please state which type of income and give the date the next increase is due.

EXTRA INFORMATION ABOUT STATE RETIREMENT PENSION

Have you deferred payment of your State Retirement pension? YES NO

If you ticked **YES**, How long do you plan to defer it for?

If you have deferred payment of your State Retirement pension, have you received a lump sum payment? YES NO

Section 3. OTHER INCOME (not earnings or savings)

	YOU			YOUR PARTNER		
	Date started	Amount	How often	Amount	How often	
Maintenance payments for you	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance payments for your children	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Payments from charities	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Rent received from tenants	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

Is money paid directly to someone else on your behalf, for example someone pays your rent or mortgage for you? YES NO YES NO

If you have ticked **YES**, provide details in section 7.

Students

A student is someone who is in higher or further education (beyond school level).
Are you or your partner a student? YES NO YES NO

If you have ticked **YES**, complete this section in full. If you have ticked **NO**, go to section 4.

Name of College/University	<input type="text"/>	<input type="text"/>
Course Title	<input type="text"/>	<input type="text"/>
Course Length (in years, months or weeks)	<input type="text"/>	<input type="text"/>
What year are you currently in?	<input type="text"/>	<input type="text"/>
Date academic year starts	<input type="text"/>	<input type="text"/>
Date academic year ends	<input type="text"/>	<input type="text"/>
Is the course full-time or part-time?	<input type="text"/>	<input type="text"/>

	YOU		YOUR PARTNER	
Income	Amount	How often	Amount	How often
Student Grant or Bursary	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Student Loan	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Parental Contribution	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Other student income you or your partner have, not listed in this section. We need to know about any bursary or allowance you receive.

Give details:

	Date started	Amount	How often	Amount	How often
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Section 4. EARNINGS

YOU		YOUR PARTNER					
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Are you or your partner in paid employment or self employed?

Tick **YES** if you are currently absent from work and getting sick pay, maternity pay, adoption pay or paternity pay. Then complete this section in full. If you have ticked **NO**, go to section 5.

Do you work for an employer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Self - Employed

YOU		YOUR PARTNER					
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Are you self employed?

If you have ticked **YES**, can you provide certified accounts?

Employed

YOU	YOUR PARTNER
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How many jobs do you have?

Name and address of your main employer.

Place of work (if different from main employer)

Date you started work.

Your job title.

Number of hours you work each week.

How often are you paid? (e.g. monthly, weekly)

Method of payment? (e.g. cash, cheque, bank transfer)

How much are you paid?

What date do you expect your next pay increase?

Do you contribute to a private pension plan?

If you have ticked **YES**, please state amount and provide evidence.

If you receive Statutory Maternity Pay, when did it start?

If you receive Statutory Sick Pay, when did it start?

Employed - Second Job

YOU	YOUR PARTNER
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Name and address of your other employer.

Place of work if different from above.

Date you started work.

Your job title.

Type of work.

Number of hours you work each week.

How often are you paid? (e.g. monthly, weekly)

Method of payment? (e.g. cash, cheque, bank transfer)

Section 4. EARNINGS continued

	YOU	YOUR PARTNER
How much are you paid?	£ <input type="text"/>	£ <input type="text"/>
What date do you expect your next pay increase?	<input type="text"/>	<input type="text"/>

Section 5. ACCOUNTS, SAVINGS AND INVESTMENTS

Please read this section before you answer the questions below.

	YOU	YOUR PARTNER
Do you or your partner have any bank accounts, building society accounts, savings or investments?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

We need to know about accounts even if empty or overdrawn. We also need to know about property in the UK or abroad, or any debts owed to you.

PLEASE COMPLETE THIS SECTION IN FULL.

Bank Accounts	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How many accounts?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Bank:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Name of Bank:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have any other capital?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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We mean Building Society/Post office accounts, Premium Bonds, National Saving Bonds, NS & I Savings Certificates, Stocks and Shares, Unit Trusts, ISAs

If you have said **YES** provide details in section 7.

Cash Savings	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Total Amount	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Do you or your partner have any other savings or investments.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you have ticked **YES**, please provide details:

Property or Land

	YOU	YOUR PARTNER
Apart from your home, do you or your partner own any other property or land in the UK or abroad?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

If you have ticked **YES**, please give details below, including the address and value.

Have you or your partner sold property or land in the last 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you have ticked **YES** to either of these questions we may contact you for more information.

IMPORTANT

If you or your partner have no bank/building society accounts or savings, please sign in the box below.

Your signature: Your partner's signature:

Section 6. MONEY YOU PAY OUT

We may be able to ignore some of your income when we work out your benefit.

Do you or your partner pay for childcare or financially support a student? YES NO

If you have ticked YES, complete this section in full. If you have ticked NO, go to section 7.

Childcare

Name of Child	Amount	How often	Name of Carer	Registration 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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student

Name of Student	Amount	How often	Relationship to you
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

Section 7. OTHER INFORMATION

If there is anything else you want to tell us which may affect your claim or you need more space to give us information about extra jobs or savings, please give details below.

Section 8. DECLARATION

Do you or your partner have any other income and/or capital that you have not already mentioned on this form? YES NO

If you have ticked **YES**, please tell us what you missed out

Go back and add in the income and/or capital to the appropriate part of the form.

Please read this declaration carefully before you sign and date it.

Even if someone else has filled in this form for you, you must sign this declaration if you can.

- **I declare** that the information I have given on this form is correct and complete.
- **I understand** that if I give information that is incorrect or incomplete, action may be taken against me. This may include court action.
- **I agree** that you will use this information I have provided to process my claim for Housing Benefit or Council Tax Reduction, or both. You may check some of the information with other sources as allowed by the law.
- **I understand** that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks, credit reference agencies and organisations that may lend me money, if the law allows this.

Section 8. DECLARATION continued

- **I know** that I must let The Revenues Section know about any changes in my circumstances which might affect my claim using the contact details on page 14.

Signature of person claiming: Date:

Partner's signature: Date:

Form filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming.

- **I declare** that as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form:

Signature of the person who filled in the form:

Date:

Relationship to the person claiming:

CLAIM CHECKLIST:

Is your claim complete? Have you answered every question? Have you enclosed the following evidence for you and your partner? Have you signed the declaration? Please complete the checklist by ticking the boxes below to tell us about the evidence you are sending with this form and what is to follow.

	Enclosed	To follow
Proof of state benefits, pensions, allowances and tax credits - such as current award notices or letters from social security. If you are having difficulty with giving us confirmation, please contact us.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of earnings - such as your last 5 payslips if paid weekly or last 2 pay-slips if paid monthly. Or get your employer to complete the Confirmation of Wages form on page 15. If you are self-employed and cannot provide your latest certified accounts, we will issue you with a form to complete but we will also need to see your trading records.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of capital, savings and investments - such as bank, building society, post office books or full statements which show the last 2 months transactions. National Savings Certificates. Certificates of shares, bonds, ISAs, unit trusts.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any other income - bank statements, current pension slips, court letter to show maintenance payments. Evidence of any money you receive from boarder or sub-tenants.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of money you pay out for childcare and students - letter of agreement or receipts from registered child carers, letters about student contributions.	<input type="checkbox"/>	<input type="checkbox"/>

Remember that we must see original documents, not photocopies. If you do not have all the documents to hand, give us what you have now and send the rest within one month. If you cannot give us the evidence within one month, please let us know as soon as possible.

Please do not send valuable items through the post (for example, bank/building society books). If you can, bring them into our reception. We will take the details we need and give you the documents back straightaway. If you cannot get into the office, phone us for advice. The local office addresses and contact centre telephone number are on page 14.

Some documents can be used as evidence in more than one category, for example, a bank statement might prove how much capital you have in the bank as well as the amount of pension paid into the bank.

If you do not provide all the evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner, if you have one.

BENEFIT INFORMATION SHEET: *You can tear out this page from the form and keep it.*

Welfare Reform will affect many people in Moray. Visit welfaremap.moray.gov.uk for advice and assistance.

Filling in the claim form

The Moray Council has a combined Housing Benefit and Council Tax Reduction form. You must tick in section 1 of the form to state which benefits you wish to claim. The form may look long, but we need to ask enough questions to make sure we give the right amount of benefit. You may not have to fill out all parts of the form. Most sections start with a question to help you decide whether you need to fill it in, or go to the next section.

Answer yes or no questions by putting a tick in the relevant box. If you are picking an answer from a list of answers, tick the box that applies to you. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape.

Evidence

In order to process your benefit claim we need to see evidence of the income and savings of all the members of your household. All evidence provided must be the original documents. We cannot accept photocopies. The checklist on page 10 gives details of the types of evidence you can provide. If you do not have all the documents to hand, give us what you have now and send the rest within a month. Please do not delay in sending your form to us. If you are not sure whether to send proof of something, get in touch with us. Contact details are on page 14 of this form.

What to do next

When you have filled in the form and signed it, take it with the proof we need to any of the Revenues offices listed on page 14. Do not send valuable items, such as passports or bank books, through the post. We will write to you if we need to ask you for more evidence.

What happens to your claim

Once you have filled out your form and given us all the evidence we have asked for, we will work out if you qualify for benefit. We will then write to let you know how much you will get and, if you qualify, when your benefit will start.

How is the benefit worked out?

It is calculated by comparing the income and savings of the people in the household with the amount the government says they need to live on. It is then compared to the amount of:

- rent we are allowed to take into account; or
- council tax charged for the property (it does not cover water or sewerage charges).

Benefit Fraud

Benefit fraud is a criminal offence and happens when a person knowingly makes a false statement, or doesn't report a change in their circumstances. This means they get benefit when they know they are not entitled to it. The Department for Work and Pensions (DWP) can investigate, which may lead to a prosecution in the Sheriff Court as well as having to pay back the overpayment. If you know that someone is behaving dishonestly and receiving benefit they may not be entitled to, phone the DWP National Benefit Fraud helpline on **0800 854 440** (textphone 0800 320 0512), online to the DWP Benefit Theft website at **www.gov.uk/report-benefit-fraud**, or write to **NBFH, PO Box 224, Preston, PR1 1GP**.

Decisions we make

If you are unhappy with the decisions we have made about your benefit entitlement, you can challenge the decision. For further information on how to do this, ask for our appeals leaflets.

Discretionary Housing Payments

If you have exceptional circumstances or suffer from severe hardship you may be entitled to extra money to go towards paying your rent. For further information on how to do this, ask for our Discretionary Housing Payments leaflet.

Changes in your circumstances

If any of the details you give us change, you must tell The Revenues Section of The Moray Council (even if you have already told the Department for Work and Pensions). Contact details are on the next page. It is an offence not to notify us of any changes that may affect your benefit and you will have to pay back any benefit that has been overpaid. The changes we need to know about include people leaving or moving into your home, changes in your income and savings, and changes in the income and savings of other people living in your home. If you are moving home or are temporarily away from home, you must tell us straight away.

CONTACTING US:

If you need any help with this form, contact us. You can telephone **01343 563456** or write to **The Revenues Section, Council Office, High Street, Elgin, IV30 1BX.**

You can e-mail revenues@moray.gov.uk

You can visit any of the following offices:

- Council Office, High Street, Elgin, IV30 1BX.
- The Resource Centre, 26 Mid Street, Keith, AB55 5AH.
- 13 Cluny Square, Buckie, AB56 1AJ.
- Auchernack, High Street, Forres, IV36 1DX.

For more information on Housing Benefit and Council Tax Reduction visit our web site: www.moray.gov.uk/benefits

If you need information from the Moray Council in a different language or format, such as Braille, audio tape or large print, please contact:

إذا كنتم في حاجة إلى معلومات من قبل مجلس موراي وتكون بلغة مختلفة أو على شكل مختلف مثل البراي، أسطوانة أوديو أو أن تكون مطبوعة باستعمال حروف غليظة فالرجاء الإتصال ب

Jei pageidaujate tarnybos Moray tarybos teikiamą informaciją gauti kitokiu formatu, pvz., Brailio raštu, garso įrašų ar stambiu šriftu, kreipkitės:

Jeśli potrzebują Państwo informacji od Rady Okręgu Moray w innym formacie, takim jak alfabet Braille'a, kasety audio lub druk dużą czcionką, prosimy o kontakt:

Se necessitar de receber informações por parte do Concelho de Moray num formato diferente, como Braille, cassete áudio ou letras grandes, contacte:

Ja Jums vajadzīga informācija no Marejas domes (*Moray Council*) citā valodā vai formātā, piemēram, Braila rakstā, audio lentā vai lielā drukā, sazinieties ar:

اگر آپ کو مورے کونسل سے کسی دیگر زبان یا صورت میں معلومات درکار ہوں مثلاً "بریلے، آڈیو ٹیپ یا بڑے حروف، تو مہربانی فرما کر رابطہ فرمائیں:



The Revenues Section, Council Office, High Street,
Elgin, IV30 1BX



01343 563456



revenues@moray.gov.uk

