



If you require any help in completing this form, please telephone the Customer Advice & Support Service on 0300 100 1800. Alternatively please visit your local Contact Centre/Library Contact Centre (further information is available on the last page of this application form) where staff will give you confidential assistance.

A second home is a dwelling which is no one's sole or main residence, but which is furnished and must be occupied for at least 25 days in the last 12 months.

To confirm your home is a Second home please complete this form **USING BLOCK CAPITALS** and return it without delay to the address shown overleaf.

ABOUT THE PROPERTY								
ACCOUNT NUMBER								
1.	WHAT IS THE ADDRESS OF THE PROPERTY WHICH IS BEING CLASSED AS YOUR SECOND HOME?							
2.	WHAT IS THE ADDRESS OF YOUR MAIN RESIDENCE?							
3.	GIVE NAMES, DATES AND LENGTHS OF STAY OF ANY PERSON(S) WHO HAVE OCCUPIED THE SECOND HOME IN THE PAST 12 MONTHS.							
	NAME OF PERSON	RELATIONSHIP TO YOU	DATES	LENGTH OF STAY				

YES		NO			
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IAME OF PERSON	F	RELATIONSHIP	TO YOU	J ADDRESS OF	THEIR MAIN RESIDENCE
SUPPORT YOUR APP ONE FORM OF EVIC					IL TAX BILL FOR YOUR MAIN RESIDENCE
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ASE DETAIL BELOW T	HE EVIDE	ENCE YOU ARE	PROVID	ING AND ENCLOSE I	T WHEN YOU RETURN YOUR APPLICATION
HAS THE PROPERTY, A				NE'S MAIN RESIDEN	NCE YES NO
INCE BEING CLASSE	D AS A SE	ECOND HOME?			
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DECLARATION

I declare that to the best of my knowledge the information given is true and complete. I authorise Scottish Borders Council to undertake such enquiries it considers appropriate to verify the information declared in this form. I undertake to advise the Council of any change of circumstances regarding the use of the property including if the property becomes someone's sole or main residence or it is no longer used as a second home.

I understand that Scottish Borders Council is registered under the Data Protection Act. The Council is under an obligation to properly manage public funds. Accordingly, information I provide to the Council, and held in the Council's computer systems, will be used to prevent and detect error and fraud, and may also be shared for the same purpose with public bodies or other organisations which handle public funds.

I confirm the above named property is a Second home.

YOUR SIGNATURE	DATE
NAME	TEL NO
ADDRESS FOR CORRESPONDENCE	
CAPACITY (E.G. OWNER; TENANT; SUB-TENANT; AGENT)	

To find out how we will process and use your personal information in connection with this request please see our Privacy Notices at www.scotborders.qov.uk/CASSPrivacyNotices

If you would like a printed copy you can contact us via telephone on **0300 100 1800.**

When completed, this form should be returned to

Scottish Borders Council
Customer Advice & Support Service
Council Headquarters
Newtown St. Boswells
Melrose TD6 0SA

For Official Use Act By Date

COUNCIL CONTACT CENTRES/LIBRARY CONTACT CENTRES

You can find out the opening times from our website at **www.scotborders.gov.uk/contactcentres** or by calling **0300 100 1800** and following the appropriate instructions. They are also displayed at each office.

Coldstream, Library Contact Centre, Gateway Centre Duns, Library Contact Centre, 49 Newtown Street Eyemouth, Old High School, Coldingham Road Galashiels, Paton Street Hawick, High Street

Innerleithen, Library Contact Centre, Buccleuch Street

Jedburgh, Library Contact Centre, Castlegate Kelso, Library Contact Centre, Bowmont Street Newtown St Boswells, Council Headquarters Peebles, High Street Selkirk, High Street