



Stratford on Avon District Council
Change of Circumstance Form

Claimant Name :-

Address: -

National Insurance Number :-

Claim Number :-

Date of Change: -

Details of Change: -

- I declare that the information that I have given on this form is correct.
- I understand that if I provide evidence that is incorrect or incomplete the Council may take action against me, including court action.
- I agree that you may check the information I have provided with other sources as permitted by law.
- I agree that the information I have provided may be given to other organizations such as other Council departments, Government Departments, other Local Authorities, as permitted by law.

Signed :-

Relationship to the person claiming: -

Date :-