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|  | Licensing Team Business and Consumer Protection ServiceShirehall Abbey Foregate Shrewsbury ShropshireSY2 6ND Email: taxis@shropshire.gov.uk Tel: 0345 678 9046 |

**Five Year Address History Form**

Please provide **all** addresses where you have lived in the past 5 years. There must be no gaps in dates, however, overlapping dates are acceptable. **All fields must be completed for each address**.

**Current address:**

|  |
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|  Address: |
| Town: | County: |
| Postcode: | Country: |
| Date from:(Month & Year)  |
| **Previous addresses (start with the most recent):** |  |

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| --- |
| Address: |
| Town: | County: |
| Postcode: | Country: |
| Date from:(Month & Year) | Date to:(Month & Year) |

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| --- |
| Address: |
| Town: | County: |
| Postcode: | Country: |
| Date from:(Month & Year) | Date to:(Month & Year) |

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| --- |
| Address: |
| Town: | County: |
| Postcode: | Country: |
| Date from:(Month & Year) | Date to:(Month & Year) |

If the space is not sufficient, please continue on a blank sheet.