

Date of Issue

Property Reference

Account Reference

Regarding Address

**COUNCIL TAX - PATIENTS IN NURSING OR CARE HOMES DISREGARD**

(1) Name and Address of Liable Person

[Redacted]

(2) Name of Applicant for Disregard

[Redacted]

(3) Name and Address of Nursing or Care Home

[Redacted]

(4) Please give the date you first entered the Home

/ /

(5) Please give the date you expect to leave this Home

/ /

(6) Is the Care Home a:

(Please Tick)  Residential Care Home  Nursing Home  Mental Nursing Home  Hostel

(7) Is your property (in North West Leicestershire District Council's area) unoccupied?

YES  NO

(8) What title do you have to the property? (Owner, Tenant etc)

[Redacted]

(9) Is anyone dealing with your affairs?

YES  NO

If YES, please give his / her name and address

[Redacted]

(10) Number of adult residents in the property

[Redacted]

(11) Declaration: I declare that the information is correct and I will inform the Council Tax Office of any changes to the above details

Signed (Liable Person)

[Redacted]

Date

[Redacted]

Signed (Applicant for Disregard)

[Redacted]

Date

[Redacted]