

Date of Issue

Property Reference

Account Reference

Regarding Address

COUNCIL TAX - HOSPITAL PATIENTS DISREGARD

(1) Name and Address of Liable Person

[Redacted]

(2) Name of Applicant for Disregard

[Redacted]

(3) Is your sole or main residence in a NHS Hospital OR a military, airforce or naval unit or establishment providing medical or surgical treatment?

YES NO

(4) Name and Address of Hospital

[Redacted]

(5) Please give the date you first entered this Hospital

/ /

(6) Please give the date you expect to leave this Hospital

/ /

(7) Is the property (which you last occupied within North West Leicestershire District Council's area) going to be left unoccupied?

YES NO

(8) Who is now looking after the property? Name and Address

[Redacted]

(9) Is this person the owner/tenant/other?

[Redacted]

(10) 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]