

Date of Issue

Property Reference

Account Reference

Regarding Address (Band )

## COUNCIL TAX - DISABLED RELIEF (BAND REDUCTION)

If you qualify under this reduction you will pay the Council Tax equivalent to the property band below your present one. e.g. if your property is in Band C you will pay the charge of Band B. (Band A properties can still receive a reduction).

(1) Name and address of disabled person

(2) Please give details of the nature of the disability (please include age of disabled person if under 18)

(3) Please give details of any special room (which is not a bathroom, kitchen or lavatory) predominantly used by, and is required for, meeting the needs of the disabled person (e.g. Therapy Room)

(4) If there is an additional bathroom or kitchen required for meeting the needs of the disabled person, please give details

(5) Does the disabled person use a wheelchair inside the property?

YES  NO

(6) Date the facility was first installed or effective from

(7) It may be necessary to inspect your property so it would be helpful if you could give a daytime telephone number

Daytime Tel. No.

Please also indicate if there is any time it is not convenient to call

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

Signed

Date