

Council Tax

Application for Person to be Disregarded for Discount Purposes - Student Nurse



Applicant's Name
(Must be person liable for Council Tax)

Address

How many people (including yourself) aged 18 or over live at this address

Name of Person to be Disregarded

Name/Address of College attended

..... Post Code

Details of Course Taken.....

Date Course Commences Date Course Finishes

N.B. Students will be required to provide certificates from their employer or educational establishment to confirm their student status.

Declaration - I declare that the information given on this application is correct and agree that the Council may make any necessary enquiries to check the information. I agree to inform the Council immediately of any changes which may affect my entitlement to a reduction in Council Tax.

WARNING - GIVING FALSE INFORMATION MAY RESULT IN PROSECUTION

Signed Date

Please return this form to: **Council Tax, PO Box 886, Newport, NP20 9LU** (together with a copy of your student certificate)

If you require assistance please telephone: (01633) 656656

OFFICE USE ONLY

Ref Date Granted/Refused

Signed

Notes

DATA PROTECTION

The information which you provide may be used and disclosed for purposes under the control of the Council as described in the Register entry compiled by the Data Protection Registrar