Council Tax

Application for Person to be Disregarded for Discount Purposes - Person in Detention



DART A

PAKI A			
Applicant's Name (must be person liable for Council Tax)			
Address			
Relationship to Person in Detention			
How many people (including yourself) aged 18 or ove	r live at this address		
PART B			
Full Name of Person in Detention			
Home Address			
Name and Address of Places of Detention			
Data of Rinth	Prison Service Number		
Date Taken into Detention	Anticipated Date of Release		
PART C			
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. If you require assistance please telephone: (01633) 656656			
OFFICE USE ONLY			
Ref	Date Granted/Refused		
Signed	Note		

PART A

Name		Charging Authority		
Date of Birth		Prison Service No.		
Previous Address				
	Post Code			
PAR	T B			
I	Is/Was this person held at your establishment?		YES/NO	
2	Specify total period or periods of detention since ()	Years/Months/Days	
3	Is/Was the whole period of detention accounted for so non-payment of Council Tax or a fine?	olely by	YES*/NO	
	* If Yes, go straight to Part C			
4	Date released from custody			
	or Current expected date of release on remission			
	and if applicable the earliest date on which the above named might be	released on parole		
5	Any other information (include new address if known)			
PART C				
Form completed by (BLOCK CAPITALS)				
Prison Service Establishment (BLOCK CAPITALS)				
Prison Stamp				
Date				