

Council Tax

Application for Person to be Disregarded for Discount Purposes
Resident in Hospital



PART A

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

Address

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

PART B

Full Name of Person Residing in Hospital

Former Home Address

Name and Address of Hospital

Date Admitted

PART C

Declaration - I declare that the information given on this application is correct and agree that the Council may make an 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 - TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION

Signed Date

PART D

TO BE COMPLETED BY A RESPONSIBLE PERSON AT THE HOSPITAL

This is confirm that the person named in Part B (.....)
resides permanently in the above hospital and the date of admittance shown is correct.

Signed Position Held

Name *(in block capitals)* 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

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