

Part 2 Information about Applicant and Property

Your name

Property address for which Disabled Banding Reduction is requested

.....

Full name of disabled person

Which of the special features overleaf does your property have? (✓ all that apply) 1 2 3

Nature of the disability

Date from which you wish to claim Disabled Banding Reduction

Name and address of person assisting you (if applicable)

.....

..... Telephone No.

In order to confirm your application for a reduction your property will require to be inspected. A member of staff will contact you to arrange a suitable time to visit.

Part 3 Confirmation of Disability by Doctor

I can confirm that the disabled person, named above (the disability being caused by illness, injury, congenital deformity or otherwise) is substantially and permanently disabled.

Signature

Print name

Date

Your Status (G.P. etc)

Official Stamp

Please state a contact name and telephone number should we require further information.

Name Telephone No.

When complete, this form should be returned to the applicant / person assisting the applicant.

Part 4 Declaration By Applicant

I declare that the information on this application is true and correct. The Council will verify information on this form with other sources as allowed by law. I undertake to inform you of any change in circumstances as soon as the change occurs. I authorise the Council to make any necessary enquiries to verify the information given on this form.

Signature Date

Print Name Telephone No.

Email Mobile No.

Any information you provide will be used and retained on computer by the Authority, in accordance with the Data Protection Act 1998.

Please return this form to: **The Moray Council, Revenues Section, High Street, Elgin, IV30 1BX.**

If you wish further information regarding this form or any other Council Tax query, please contact us by:

Telephone: **01343 563456** Email: **revenues@moray.gov.uk** Visit our website: **www.moray.gov.uk**