

To Be Returned To:
 Perth & Kinross Council
 Executive Director (Housing & Community Care)
 PO Box 7300
 PERTH
 PH1 5WH
 Telephone No: (01738) 476000
 (Mon-Fri 8.45am to 5.00pm)
 Email: localtaxes@pkc.gov.uk
 Fax No: (01738) 475610



LOCAL GOVERNMENT FINANCE ACT 1992

**APPLICATION FOR COUNCIL TAX PERSONAL DISCOUNT/EXEMPTION
 ON GROUNDS OF SEVERE MENTAL IMPAIRMENT**

Account Number: _____

Property Reference: _____

APPLICANT'S NAME:

APPLICANT'S ADDRESS:

.....

TO BE COMPLETED BY THE REGISTERED MEDICAL PRACTITIONER

DOCTOR'S NAME:

SURGERY/HOSPITAL ADDRESS:

.....

.....

PLEASE TICK THE APPROPRIATE BOX BELOW

I certify that, in my opinion the applicant named above

is

is not

suffering from severe impairment of intelligence AND social functioning (however caused) which appears to be permanent, as defined in Paragraph 2 of Schedule 1 to the Local Government Finance Act 1992.

DATE FROM WHICH THE ABOVE NAMED WAS DIAGNOSED:

DOCTOR'S SIGNATURE:

DOCTOR'S FULL NAME (BLOCK CAPITALS):

DOCTOR'S STATUS:

DATE:

DATA PROTECTION

Any information you have provided will be used for the billing and collection of local taxes and the recovery of any unpaid debts due to the Council. Disclosures to third parties will only be made to agents employed by Perth & Kinross Council to recover unpaid debts and to those organisations with a legal right of access, e.g. Inland Revenue. This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided for the prevention and detection of fraud therefore it may also share this information with other bodies for these purposes.

In terms of the Data Protection Act 1998, you are entitled to know what information this Council holds about you, on payment of a fee of £10. Application should be made to the Executive Director (Housing & Community Care Services), 35 Kinnoull Street, Perth.