



Revenues
White Cliffs Business Park
Dover
Kent CT16 3PF

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APPLICATION FORM FOR DISABILITY REDUCTION

Council Tax Account Number (shown on your bill)

Name

Address
.....

Daytime Telephone Number for Contact
(We will contact you to arrange a visit to decide whether or not a reduction can be given)

Disabled Person's Name

Address of property if different from above
.....
.....

Grounds for Application (please tick the appropriate boxes)

- Is there a room, which is mainly used by and required for meeting the needs of the disabled person? []
Is there a second bathroom or kitchen required for meeting the needs of the disabled person? []
Is there a wheelchair used indoors by the disabled person? []

I enclose a note from my doctor/health professional confirming that the room or additional space is required for the needs of the above named disabled person.

I declare that the information given on this form is correct, and undertake to notify you immediately if I believe that I am no longer eligible for a reduction granted in respect of the application.

Signed Dated

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS POSSIBLE