Revenues and Benefits Services
Riverside House, Main Street, Rotherham, S60 1AE
Tel: **(01709) 336007**
Fax: **(01709) 371769**
Minicom: (01709) 823536
E-mail: council.tax@rotherham.gov.uk
Website: www.rotherham.gov.uk/counciltax

Rotherham Metropolitan Borough Council

COUNCIL TAX
DISCOUNT APPLICATION FOR HOSPITAL PATIENT

Part A - To be completed by the Council Tax Payer or their representative

Full Name of patient _____

Name of Hospital _____

If the person was transferred from another hospital

Name of previous Hospital _____

Period of stay from ____/____/____ to ____/____/____

Part B – Please ask the medical professional to confirm the person named above is in hospital and is unlikely to return home

A Council Tax discount may be applied if an occupant is a long term hospital patient who is unlikely to return home. In order to award the discount we require a signed declaration from the Hospital confirming this..

Name of medical professional_____

Position/Job Title _____

Do you expect the patient to return home? Yes/No

Signature of medical professional _____

Date _____

E-mail address _____

Contact telephone number _____