

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



COUNCIL TAX
SEVERE MENTAL IMPAIRMENT DISCOUNT APPLICATION

Details of person with Severe Mental Impairment

1. Applicants Full name _____
2. Date of Birth _____
3. National Insurance Number) _____
4. Qualifying Benefits _____
5. Name and Address of Doctor _____

Consent

I give Rotherham Metropolitan Borough Council permission to approach my doctor and the Department of Works and Pensions in order to validate my application for Council Tax Severe Mental Impairment Discount.

Name _____

Signature _____

Date _____