



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