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Postcode:

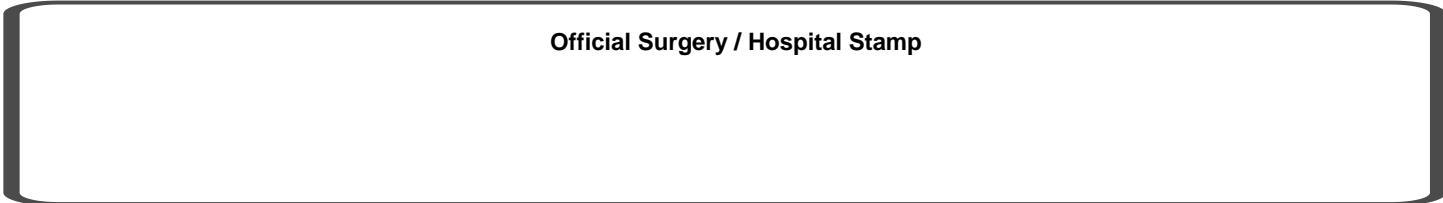
Telephone Number:

I can confirm the person named in PART A is SMI as defined above. (Please tick box) YES NO

A Council Tax exemption/discount may be backdated to the point of diagnosis. For the purposes of this form, please enter the first point at which you would consider the patient to be SMI.

Date of Dia nosis ..

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Official Surgery / Hospital Stamp

PART D: Applicant's Declaration:

I accept responsibility for the information given in this form, and declare that it is true and accurate to the best of my knowledge and belief. I authorise the council to make any enquiries it considers necessary to verify the details of this claim.

\$ S S O L F D Q W V V L J Q D W X U H « « ' D W « H «

If you are completing the form on behalf of the applicant, what is your relationship to them Name of person acting on applicant's behalf:

Address of person acting on applicant's behalf:

Postcode: Telephone Number: Email:

Si nature of person actin on applicant s behalf: Date:

Completed forms should be returned to:
Revenues Services, Inverclyde Council, PO Box 9467, Greenock, Inverclyde, PA15 1JD
or emailed to: **council.tax@inverclyde.gov.uk**

Data Protection – We are asking for the following information in accordance with the provisions of the Council Tax (Administration and Enforcement) (Scotland) Regulations 1992 and the Data Protection Act 1998. We will use this information to help us determine your liability for, and to collect your Council Tax. Information given on this form may be held electronically and may be shared for Council Tax purposes. We may also share this information with other Council Services, Local Authorities, Government Departments and other bodies responsible for auditing or administrating public funds. We will not give information to anyone else, or use information about you for other purposes, unless the law allows us to.

