

MERTHYR TYDFIL COUNTY BOROUGH COUNCIL

Council Tax Section,
Customer Services,
Civic Centre,
Castle Street,
Merthyr Tydfil,
CF47 8AN
Tel.No. : (01685) 725304

COUNCIL TAX

Application for Disabled Relief

Please complete this form in **BLOCK CAPITALS**

Disabled Persons Name & Address :

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GROUNDS FOR APPLICATION

- | | YES | NO |
|--|--------------------------|--------------------------|
| (1) Is there a room predominantly used by and required for meeting the needs of the disabled person? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Is there a second bathroom or kitchen required for meeting the needs of the disabled person? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Is a wheelchair used indoors by the disabled person? | <input type="checkbox"/> | <input type="checkbox"/> |

A formal inspection of the property may be carried out to confirm the grounds for application and it would assist if a day time telephone number could be given so that an appointment can be made.

Tel. No. :

DOCTOR'S CONFIRMATION

Confirmation from a doctor or other qualified professional may be required to confirm the above facility is essential or of major importance to the well being of the disabled resident because of the nature and extent of his disability.

Please complete your doctor's name and address. In so doing you are authorising the Council to seek confirmation from your doctor of the information given.

Doctor's Name :

Doctor's Surgery/Hospital Address :

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I declare that the above information is correct. I understand that the information may be held on computer and is covered by the Data Protection Act 1998.

Applicant's Signature : Date :

Full Name :

Address :

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