

**COUNCIL TAX DISCOUNT
THE SEVERELY MENTALLY IMPAIRED
DOCTOR'S CERTIFICATE**

Council Tax reference number (from the bill): _____

Name of applicant: _____

Address of applicant:

For the purposes of the Local Government Finance Act 1992 a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

In my opinion the person named above is severely mentally impaired and has been so since _____ (Please give the exact date DD.MM.YYYY).

I consider their condition to be permanent. – Yes/No (please circle)

Doctor's signature _____

Doctor's full name in BLOCK CAPITALS: _____

Surgery/Hospital address or stamp:

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Get in touch

Telephone: 01782 233 777

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