

# COUNCIL TAX



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## TRANSLATION SERVICES

The content of this publication, or sections of it, can be made available in alternative formats or translated into other community languages. Please contact the Council's ACCESSLine on 08452 777 778 for further information or email [accessline@angus.gov.uk](mailto:accessline@angus.gov.uk)

If you require any help completing this form please contact the address or telephone number given above

## EXEMPTION/DISCOUNT ON THE GROUNDS OF DETENTION UNDER THE MENTAL HEALTH ACTS

ACCOUNT NO: \_\_\_\_\_

DATE OF ISSUE: \_\_\_ / \_\_\_ / \_\_\_

### PART I – APPLICANT

Applicant's Name \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_  
\_\_\_\_\_

Applicant's Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Applicant's Telephone No \_\_\_\_\_

### PART II – HOSPITAL IN WHICH APPLICANT IS DETAINED

Name of Hospital \_\_\_\_\_

Address of Hospital \_\_\_\_\_  
\_\_\_\_\_

### PART III – DETAILS OF DETENTION

1 Date from which Applicant detained \_\_\_ / \_\_\_ / \_\_\_

2 If on leave of absence, date of commencement \_\_\_ / \_\_\_ / \_\_\_

3 If on conditional discharge, date of commencement \_\_\_ / \_\_\_ / \_\_\_

4 If Applicant's detention has ended, date of cessation \_\_\_ / \_\_\_ / \_\_\_

#### Note:

The declaration in Part IV below should only be completed by a Medical Practitioner or an authorised Officer of the Board who can verify that the Applicant is detained in a hospital under the Mental Health (Care and Treatment) (Scotland) Order 2003 or by Order of a Court.

### PART IV – DECLARATION

I declare that the above particulars are true and accurate and that the Applicant is detained under Parts 5, 6 and 7 or sections 136 or 297 of the Mental Health (Care and Treatment) (Scotland) Act 2003 or by Virtue of an Order of a Court.

The information you have provided about this applicant on this form and from any supporting evidence will be used by Angus Council (the "data controller" for the purposes of the Data Protection Act 1998) in order to process the requested Council Tax Exemption/Discount. The information will be held securely by the Council and will be treated as confidential except where the law requires it to be disclosed

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_