

APPLICATION FOR DISCRETIONARY RATES RELIEF

IN TERMS OF THE LOCAL GOVERNMENT AND RATING ACT 1997



ADDRESS OF PREMISES ON WHICH
RELIEF IS BEING CLAIMED (INC POSTCODE)

LOCATION NUMBER

ACCOUNT NUMBER

RATEABLE VALUE

PROPERTY DESCRIPTION

1 Person Claiming Relief

Full Name _____

Address _____

Contact Telephone No _____

2 Please state what type of Business is carried out in the premises (eg Filling Station, Chemist).

I wish to apply for Rates Relief under the Local Government and Rating Act 1997 and certify that the above details are correct.

Name _____
(Block Capitals Please)

Signature _____ Date _____

Please note that a Council Officer may visit your premises to verify the information supplied in your application.

Please return to: Head of Finance, Invertay House, Maule Street, Monifieth, DD5 4JG

TRANSLATION

CONTACT OUR ACCESS LINE ON 08452 777778 IF YOU WANT THIS LEAFLET TRANSLATED INTO CHINESE, URDU, HINDI, PUNJABI OR GAELIC OR IN LARGE PRINT, AUDIO OR BRAILLE.

For Office Use

AUTHORISED BY:
DATE:

UPDATED ON SYSTEM BY:
DATE: