

**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)

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: Angus Council, PO Box 6621, Arbroath, Angus, DD11 9AX  
If you have any queries regarding this form please telephone 03452 777 778

**TRANSLATION**

**CONTACT OUR ACCESS LINE ON 03452 777778 IF YOU WANT THIS LEAFLET TRANSLATED INTO CHINESE, URDU, HINDI, PUNJABI OR GAELIC OR IN LARGE PRINT, AUDIO OR BRA**