



**APPLICATION FOR COUNCIL TAX DISCOUNT
PERSONS DETAINED UNDER MENTAL HEALTH ACT**

Council Tax Reference Number:

Full Names of Council Taxpayer(s)

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Address:.....

.....

.....

Telephone Number:.....

Thank you for your recent enquiry regarding Council Tax Discount due to a member of your household being detained under the Mental Health Act.

If you think you may qualify for discount under this category, please complete the following questions and return this form so that any entitlement can be assessed.

This application form must be made by the person liable to pay Council Tax and not by the person eligible for the discount (unless they are the same).

1. Name of person detained: _____

2. Place of detainment: _____

_____ Tel _____

3. Date person detained: _____

4. Please provide a letter from the relevant Health Authority to confirm that the person is being held under the Mental Health Act.

5. Will the property be unoccupied during this period? YES/NO

6. If no, how many people over 18 will remain in the property? _____

Signed..... Date.....

**Please return this form to Revenues Department, West Wiltshire District Council,
Bradley Road, Trowbridge, Wiltshire BA14 0RD**