

COUNCIL TAX APPLICATION FOR DISREGARD THE SEVERELY MENTALLY IMPAIRED DOCTORS CERTIFICATION

Doctors Surgery / Hospital Address:

I certify that in	n my opinion	(insert name)
	ls	
	(Please tick the appropria	te box)
	ls not	
	ctive from	
Suffering from a	severe mental impairment for the	purposes of Council Tax under the Local

Government Finance Act 1992.

The definition of 'severely mentally impaired' for the purposes of the Local Government Finance Act 1992 is as follows:

A person is severely mentally impaired if he has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Please note – no charge should made for issuing this certificate in accordance with Schedule 9 of the NHS (General Medical Service) Regulations 1992.

Doctor;s signature:	
Doctor's full	
name:	
Doctor' status:	
Date:	

If you have any questions regarding the above form, please do not hesitate to contact the Revenues Team on 01946 598300, or by email on ctax3@cumberland.gov.uk

Yours sincerely Revenues Team