LOCAL GOVERNMENT FINANCE ACT 1992

To be completed by a Registered Medical Practitioner

Doctor's surgery/Hospital address	
Name and address of applicant	
Name and address of applicant	
I certify that in my opinion the person named	
la auffaring acuara impairment of intelligence	YES NO
Is suffering severe impairment of intelligence	TES NO
Is suffering severe impairment of social functioning (however caused)	YES NO
It is permanent	YES NO
Has been severely mentally impaired since (Please give exact date)	
In my opinion, is NOT suffering severe mental impairment	
Doctor's signature	
Doctor's full name (in capitals)	
Doctor's status	
Γ_	
Date	

NB If you wish to make a backdated claim from the date the condition was recognised, this could only be considered back to the start date of the qualifying benefit. Documentary evidence would need to be provided to confirm the start date.

Statement

Warning: Deliberately giving false information could lead to prosecution

I understand the following:

You will use the information I have provided to determine my liability for and to collect my Council Tax.

You may get information about me from, and give information about me to, other sections of the Council, with other Councils and with other government departments to:

- · determine eligibility for Housing Benefit
- determine liability for and collection of Council Tax
- update details for other payments due to the Council, for example, car parking season tickets or annual payments for extra green garden bins
- assess and collect other taxes and duties
- help detect and prevent fraud/crime

I declare that the information I have given on this form is complete and accurate to the best of my knowledge and I understand that West Lindsey District Council may check the information given.

Signature:		Date	e: /	/		I
Full Name (please print)			Mobile:			
Telephone number:		Email:				
If you would like to receive future bills by email please tick box						

Please note this form can be completed in full then scanned or photographed and returned by email to council.tax@west-lindsey.gov.uk

West Lindsey District Council Privacy Notice

To find out more about why we need your information, what we will do with it and how to contact us if you have any concerns or questions please read our 'privacy notice' https://www.west-lindsey.gov.uk/privacy/

For Revenues specific concerns or questions please read our Revenues Privacy Notice https://www.west-lindsey.gov.uk/privacy/revenues-privacy-notice/

If you require a written copy of either of these statements please contact the Customer Service team on 01427 676676.