

COUNCIL TAX DISREGARD / EXEMPTION DOCTORS CERTIFICATE

Please enter name and address of the registered medical practitioner in the box below: -

Name

Address

**SHETLAND ISLANDS COUNCIL
Finance**

Charlotte House
Commercial Road
Lerwick
Shetland
ZE1 0LX



Tel: (01595) 744683 (Direct Line)

This form must be completed by a registered medical practitioner, and is required in order to assist the Council with regard to a discount / exemption application in respect of the person named below.

In order to qualify for the discount / exemption, the person must be Severely Mentally Impaired. For your information, Council Tax legislation states that for a person to be considered Severely Mentally Impaired, they must have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

SECTION A: Applicant's Details

Applicant's Full Name _____

National Insurance Number _____

Address

SECTION B: Details of applicant's condition and date diagnosed

Please enter details below of the applicant's medical condition and the date from which they were first diagnosed: -

_____ Date Diagnosed:- _____ / _____ / _____

SECTION C: Certification

I declare that the information given above is correct.

SIGNATURE _____ **PROFESSION** _____ **DATE** _____