

DOCTORS CERTIFICATE
COUNCIL TAX DISABLED BAND RELIEF

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

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

In order to qualify for the relief, the applicant must be Substantially and Permanently physically disabled, and the dwelling occupied by the applicant must be adapted for their use.

SECTION A: Applicant's Name and Address

Applicants Full Name _____

Applicants 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:- ____ / ____ / ____

Do you consider this to be a **substantial and permanent disability** Yes/No Delete as appropriate.
If No Please give further details: _____

SECTION C: Certification

I declare that the information given above is correct.

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