

Shetland Islands Council



Revenues
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Council Tax Disabled Band Relief Doctors Certificate

This form must be completed by a registered medical practitioner, and is required in order to assist with the assessment of a Disabled Band Relief Application, in respect of the person named below.

Applicants Details

Name:

Address:

Medical Condition / Diagnosis:

Date Diagnosed:

Do you consider the applicant to be 'substantially and permanently disabled'?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the applicant need to use a wheelchair on a daily basis to mobilise indoors, due to the extent of their disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Certification

I declare that the information provided is correct to the best of my knowledge.

Medical Practitioner's signature:	Date:
<input type="text"/>	<input type="text"/>

Full Name (Print):	Profession:
<input type="text"/>	<input type="text"/>

Contact Telephone Number:	Contact Email Address:
<input type="text"/>	<input type="text"/>