

# NORTHUMBERLAND

Northumberland County Council

Revenues Section, Wansbeck Square, Ashington, NE63 9XL

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<b>APPLICATION FOR DISABLED BAND REDUCTION</b>	<b>Acct. Ref: DBR FORM/</b>
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<b>Name of disabled person:</b>	
<b>Nature of Disability:</b>	
<b>Address:</b>	

The following facilities are essential or of major importance to the above named disabled person because of the nature of their disability (please tick all boxes that apply)

A room used predominantly by the disabled person:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

A second bathroom or kitchen

Space to use a wheelchair indoors by the disabled person

If there is a room used predominantly by the disabled person, please give details of the use of the room:


## **DECLARATION**

I declare that the disabled person named above is solely or mainly resident in the property and that the information given is correct to the best of my knowledge and belief.

<b>Signed:</b>	
<b>Full Name:</b>	
<b>Date:</b>	
<b>Daytime Telephone Number:</b>	

Please complete and return this form to the above address.