

**Council Tax - Discount for severe mental impairment Doctor’s certificate**

**\*\*\* This form MUST be completed in full and returned to: \*\*\***

Revenues and Assessment Team

Cheshire West and Chester Council

PO BOX 187

Ellesmere Port

CH34 9DB

**Alternatively, you can upload a completed copy of this to our upload evidence form:**

https://my.cheshirewestandchester.gov.uk/service/Upload\_your\_evidence

|  |  |
| --- | --- |
| Doctor’s name and contact details | Council Tax reference number:  |
|  | Address:  |

For the purposes of the Local Government Finance Act 1992, a person is severely mentally impaired if he/she has severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

1. In my opinion, Mr(s)/Miss …………………………………….. is severely mentally impaired and has been since: Day \_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_
2. In my opinion, Mr(s)/Miss …………………………………….. is not severely mentally impaired.

Please delete **A** or **B** as applicable.

Doctor’s signature: ……………………………………….

Doctor’s full name: ……………………………………….