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## **Council Tax – Application for a Severe Mental Impairment Discount/Exemption**

**Applicants Name:**

**Applicants Address:**

**Applicants Date of Birth:**

### **TO BE COMPLETED BY THE REGISTERED MEDICAL PRACTITIONER**

**Doctors Surgery or Hospital Address (Use Stamp):**

I certify that in my opinion the **applicant named above IS suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992**. For the purpose of the Act a person is severely mentally impaired 'if he has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent'. This definition applies only for this Act and is not the same as the definition 'Severe Mental Impairment' within the Mental Health Act 1983.

**Date the applicant was considered to suffer a Severe Mental Impairment from:**

<b>DD/MM/YYYY</b>	
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**Doctors Name:**

**Doctors Signature:**

**Date:**