



**Council Tax Application for Discount or Exemption**  
**SEVERELY MENTALLY IMPAIRED – Doctors Section**

**Applicant Details**

Full Name:

Address:

Postcode:

Council Tax Account  
(if known):

**Doctor Details**

Either Part A or Part B must be completed.

**A) To be completed by Registered Medical Practitioner**

Please complete the certificate below stating whether the person named above is severely mentally impaired for Council Tax purposes:

Doctor's Name:

Doctor's Surgery:

Revenues (CH)  
PO Box 3399,  
Bristol City Council,  
Bristol,  
BS1 9NE

Graham Clapp  
Head of Revenues &  
Benefits

Website  
[www.bristol.gov.uk](http://www.bristol.gov.uk)

**Doctor's Surgery  
Address:**

I certify that in my opinion the applicant named in Part 1 is suffering from 'severe mental impairment of intelligence and functioning (however caused) which appears to be permanent, in accordance with the Local Government Finance Act 1992:

**Yes:**

**No:**

**Date that this is  
applicable from:**

**Surgery Stamp:**

**Date:**

**B) Permission:**

I give permission on the applicant's behalf for you to contact the Medical Practitioner named below, to seek confirmation of the applicant's eligibility for discount or exemption on the grounds of severe mental impairment.

**Doctor's Name:**

**Doctor's Surgery:**

**Revenues (CH)**  
PO Box 3399,  
Bristol City Council,  
Bristol,  
BS1 9NE

**Graham Clapp**  
Head of Revenues &  
Benefits

**Website**  
[www.bristol.gov.uk](http://www.bristol.gov.uk)

**Doctor's Surgery  
Address:**

**Doctor's phone  
number:**

**Applicant or Person acting on  
applicant's signature:**

**Revenues (CH)**  
PO Box 3399,  
Bristol City Council,  
Bristol,  
BS1 9NE

**Graham Clapp**  
Head of Revenues &  
Benefits

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