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| **PRIVATE & CONFIDENTIAL** |
| **COUNCIL TAX DISREGARD****CERTIFICATE** |
|  |
| **SEVERELY MENTALLY IMPAIRED** |
|  | Name of Patient : |  |  |
|  | Address: |  |  |
|  |  |  |
|  |  |  |
|  |  | Post Code: |  |  |
|  | I certify that in my opinion the above named applicant (please tick appropriate box) |  |
|  | Is/was |  | Is not |  |  |  |
|  | Suffering from severe mental impairment for the purpose of the Local Government Finance  |  |
| Act 1992, **and has been since** |  |  |  |  |
|  | Doctors signature: |  |  |
|  | Doctors name:(in block capital) |  |  |
|  |
|  | Doctors status: |  | Date: |  |  |
|  |

To the Doctor: Please return this form to the patient listed above or their representative. You may keep a copy for your records. **This Certificate is for use only in applying for a Council Tax Discount.****Personal Data**Chichester District Council manages personal data in accordance with the General Data Protection Regulations 2016 (GDPR) and is a public authority as defined within those regulations. To find out more go to. To find out more go to [www.chichester.gov.uk/revenuesdataprotection](http://www.chichester.gov.uk/revenuesdataprotection) |