Council Tax Department

Newcastle under Lyme Borough Council

Castle House

Barracks road

Newcastle under Lyme

Staffordshire

ST5 1BL

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Date: |  |
| Patient’s Name: |  | Property Ref: |  |
| Patient’s Address: |  | Account Ref: |  |
|  |  | Benefit Ref: |  |

**HOSPITAL / HEALTH AUTHORITY CONSENT FORM**

**TO BE COMPLETED BY THE PERSON GIVING CONSENT**

|  |  |  |  |
| --- | --- | --- | --- |
| I | | | |
|  | *(Your full name)* | |  |
| of | | | |
|  | *(Your full address)* | |  |
| Herby authorise | | | |
| *(The name of the Health Authority)* | | | |
| To confirm the date | | | |
|  | *(The patients name)* | |  |
| Date of Birth |  | |  |
|  | *(The patients date of birth)* | |  |
| Was admitted to and discharged from hospital, for consideration of Council Tax Discount or Exemption. | | | |
|  | | | |
| Date | Your name | | Signed |
|  | Patient/Next of Kin | |  |
|  | (delete as appropriate) | |  |
|  |  | |  |
| Telephone No | | Email Address | |

**Please upload completed form to:** <http://www.newcastle-staffs.gov.uk/counciltaxdocumentupload>

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