Council Tax Department Newcastle under Lyme Borough Council Castle House Barracks road Newcastle under Lyme Staffordshire ST5 1BL



Patient's Address:

Date:	

Property Ref: _____

Account Ref:

Benefit Ref:

HOSPITAL / HEALTH AUTHORITY CONSENT FORM TO BE COMPLETED BY THE PERSON GIVING CONSENT

1		
	(Your full name)	
- 1		
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	E	mail Address
·		
Please upload completed form to	http://www.newcastle-staffs.g	gov.uk/counciltaxdocumentupload
	inception www.incwcubtic staris.g	some council a number of the pload

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