

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



Your Name: _____ Date: _____
Your Current Address: _____ Property Ref: _____
_____ Account Ref: _____
_____ Benefit Ref: _____

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 RETURN COMPLETED FORM TO THE ABOVE ADDRESS

For more information contact tel: 01782 715500 or email: counciltax@newcastle-staffs.gov.uk

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