





01403 215555



01444 477564

CenSus Revenues and Benefits Services PO Box 10607 Nottingham NG6 6DU

(Phone calls may be recorded)

<u>revenue@midsussex.gov.uk</u> <u>http://www.midsussex.gov.uk/revsandbens</u>

NATIONAL NON-DOMESTIC RATES APPLICATION FOR REDUCTION/REMISSION OF RATES ON THE GROUNDS OF HARDSHIP

This form is for use in applying for rate relief under Section 49, of the Local Government Finance Act 1988.

Should you wish to make a claim for this relief, please complete the form and return it to the address shown above.

Please note, in addition to this application; please supply a copy of audited accounts, including the profit & loss and balance sheet, preferably for the last financial year. **Applications cannot be considered unless this information is provided.**

If you require any advice or assistance please contact the Revenues office as above.

NATIONAL NON-DOMESTIC RATES APPLICATION FOR REDUCTION/REMISSION OF RATES ON THE GROUNDS OF HARDSHIP

This form is for use in claiming rate relief under Section 49, of the Local Government Finance Act 1988. Note: In addition to this application; please supply a copy of audited accounts, including the profit & loss and balance sheet, preferably for the last financial year. **Applications cannot be considered unless this information is provided.**

ALL SECTIONS MUST BE COMPLETED Account Number:
Name of Rate Payer:
Address of Property:
Postcode:
Address for correspondence:
Postcode:
Telephone Number:
Description of Property:
Rateable Value £:
PARTICULARS IN SUPPORT OF APPLICATION
I wish to apply for rate relief on the grounds of financial hardship and I submit the latest audited accounts of the business. I would also like to draw the attention of the Council to the following matters in support of my application:
accounts of the business. I would also like to draw the attention of the Council to the following matters
accounts of the business. I would also like to draw the attention of the Council to the following matters
accounts of the business. I would also like to draw the attention of the Council to the following matters
accounts of the business. I would also like to draw the attention of the Council to the following matters
accounts of the business. I would also like to draw the attention of the Council to the following matters
accounts of the business. I would also like to draw the attention of the Council to the following matters
accounts of the business. I would also like to draw the attention of the Council to the following matters
accounts of the business. I would also like to draw the attention of the Council to the following matters
accounts of the business. I would also like to draw the attention of the Council to the following matters
accounts of the business. I would also like to draw the attention of the Council to the following matters
accounts of the business. I would also like to draw the attention of the Council to the following matters
accounts of the business. I would also like to draw the attention of the Council to the following matters

Matters in support of application continued:
Applications will ONLY be considered if accompanied by copies of the latest audited accounts.
DECLARATION
I HEREBY CERTIFY that the particulars given on the attached form are correct to the best of my knowledge and belief.
Signature: Print Name:
Capacity in which signed: Date:

When completed this application should be sent, with supporting information, to:

CenSus Revenues and Benefits Services

PO Box 10607

Nottingham,

NG6 6DU