

Council Tax: Severely Mentally Impaired Doctor's Supporting Letter

Please complete Part 1 of this document and then ask your doctor or medical practitioner to complete the Part 2. Please email the completed form to counciltax@milton-keynes.gov.uk or return it to Council Tax Department, Civic, 1 Saxon Gate East, Milton Keynes MK9 3EJ.

This form must be supplied in addition to your online application.

PART 1 - Applicant (the person liable to pay the Council Tax)

Name:

Address:

Council Tax Reference:

Name of person which the reduction relates to (if different):

From what date would you like to apply for this discount/ exemption:

**Please arrange for a doctor or medical practitioner to complete Part 2.
The application cannot be considered without this information.**

Need to contact us?

counciltax@milton-keynes.gov.uk
Civic, 1 Saxon Gate East, Milton Keynes MK9 3EJ
www.milton-keynes.gov.uk

PART 2 – Certification of Severe Mental Impairment

I confirm that, in my opinion, (name) is suffering from the following, which appears to be permanent for the purposes of the Local Government Finance Act 1992:

Severe impairment of intelligence; and ☐

Social functioning ☐

Date of Diagnosis:

Doctor's Name
(Please Print)

Doctors Signature:

Date Completed:

Practice Address:

Practice Stamp:

STAMP HERE