COUNCIL TAX DISCOUNT APPLICATION FORM MEMBERS OF RELIGIOUS COMMUNITIES

Please return this form to:		
Mid Sussex Revenues and Benefits Services, PO Box 10607, Nottingham,NG6 6DU		
Counc	ıncil Tax Account Reference Number:	
(a)	a) Name:	
(b)	b) Address:	
(c)	c) Occupation of Community:	
(d)	d) Do you receive an income of any kind?	YES/NO*
	If YES, please give details:	
(e)	e) Do you hold any money as capital?	YES/NO*
	(including interest in any property)	
	If YES, please give details:	
	*Please delete where applicable.	
DECLARATION		
I declare that the information given on this form is complete and accurate to the best of my knowledge.		
REMEMBER, if you give false information you may be prosecuted.		
Signa	nature: Tel. No.:	
Full Name (BLOCK CAPITALS):		

Please note: Information will only be kept in accordance with the General Data Protection Regulation and the Data Protection Act 2018. Mid Sussex District Council will not supply information to any other organisation or individual except to the extent permitted by law in carrying out any of its functions.

Please refer to our privacy notice on our website at https://www.midsussex.gov.uk/about-us/privacy-notice for further details.