

**COUNCIL TAX**  
LONG TERM HOSPITAL  
PATIENTS DISCOUNT



Financial Services Department  
PO Box 1 Town Hall  
Ripley Derbyshire DE5 3WZ  
Tel: 01773 841440 (Direct Line)  
Fax: 01773 841462  
Minicom: 01773 841490  
E-mail: council.tax@ambervalley.gov.uk  
Website: www.ambervalley.gov.uk

FORM REF: CTD5 (0701)

**AMBER VALLEY  
BOROUGH COUNCIL**

**Note: Applicants for discount will only be considered if the patient has been in hospital for at least 3 months.**

Ref No \_\_\_\_\_ Date Issued \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_  
(Person to whom the bill is sent)

2. Address \_\_\_\_\_  
\_\_\_\_\_

3. Number of people living in this property (Aged 18 or over)

4. Name of Patient \_\_\_\_\_

5. Name and Address of Hospital \_\_\_\_\_  
where above person has been  
admitted \_\_\_\_\_

6. Date admitted \_\_\_\_\_

7. Likely date of discharge \_\_\_\_\_

8. Is above expected to return home permanently YES / NO (please delete)

9. Address to which correspondence may be sent \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

**I declare that the information on this form is correct. I understand I must notify you immediately if there are any changes to the property or household which may affect any reduction I am granted.**

Signed (Applicant) \_\_\_\_\_ Date \_\_\_\_\_

Daytime Tel. No. \_\_\_\_\_ E-mail address \_\_\_\_\_  
(Not compulsory but useful if we need to contact you)

You must notify the Council Tax Section immediately if you have any changes in circumstances. If the property is sold please notify the Council Tax Section of the date of sale and the name of the purchaser.  
This form should be returned to the address shown above.