

Telephone: 01563 554400

Email: collections@east-ayrshire.gov.uk

DOMESTIC RATES – DISABLED PERSONS RELIEF

Name of organisation	
Name of establishment / property (if applicable)	
Full property address	
Number of residents (if applicable)	

Please list details of the residents noted above:

Initials	Age	Date of admission	Nature of illness / disability

Please list the number of staff and any relevant qualifications held

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Use of premises – please detail below what the premises are used for.

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Please enclose a plan or diagram of the layout of each floor of the premises, indicating against each room/section of the plan the use to which it is put. (Please note that handwritten plans / diagrams will be accepted).

Please provide us with a contact name in your organisation.	Name: Designation: Email address: Phone:
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DECLARATION

I DECLARE THAT: The information I have given on this form is true, complete and correct. I understand that the deliberate provision of false information in order to achieve financial gain is a criminal offence.

Applicant's Name	
Signature	
Position Held	
Date	