

COUNCIL TAX DISCOUNT

SEVERE MENTAL IMPAIRMENT DOCTOR'S CERTIFICATE

Dundee City Council, Dundee House, 50 North Lindsay Street, Dundee, DD1 1NN

For information about Dundee City Council visit our website - www.dundeecity.gov.uk and to access online services register for a MyDundee account.

Jacqui Kopel - Head of Customer Services & IT

Email: revenues.division@dundeecity.gov.uk
Telephone: 01382 431205

Text: 07860022899 for deaf/hard of hearing

	completed and signed by there Mental Impairment.	ne Doctor of the person for v	whom an application is mad	de for Council Tax
Full name of the me	ntally impaired person			
Address				
Please include any flat or	room location			
Name of surgery / ho	ospital			
Address				
		erson is severely mentally im which appears to be perman	•	impairment of
I confirm that in m	y opinion the above na	med person suffers fro	m:	
• Severe impairment of intelligence YES			YES	NO
Severe impairment of social functioning			YES	NO 🗌
Both the above conditions appear to be permanent YES NO				
To my knowledge all	three of the above cond	itions have existed since		
Doctor's full name			Doctor's stamp	
Doctor's signature				
Date				

Please scan and e-mail this form to revenues.division@dundeecity.gov.uk or you can supply it online using our website on www.dundeecity.gov.uk/evidence

Alternatively please post this form to Dundee City Council, Council Tax, 50 North Lindsay Street, Dundee, DD1 1NN.