Form of Return

Paragraph 5(1) Schedule 9 Local Government Finance Act 1988 (LGFA):
Statement in relation to exemption under paragraph 16 Schedule 5 LGFA Property used for the disabled

About this Notice

THIS REQUEST FOR INFORMATION IS A NOTICE SENT TO YOU PURSUANT TO POWERS GRANTED TO THE VALUATION OFFICER UNDER PARAGRAPH 5(1) OF SCHEDULE 9 TO THE LOCAL GOVERNMENT FINANCE ACT 1988. YOU ARE REQUIRED AS THE OWNER OR OCCUPIER, TO PROVIDE INFORMATION REGARDING THE PROPERTY (SEE PARAGRAPH 5(2) OF SCHEDULE 9 TO THE ACT. YOU MAY BE PROSECUTED IF YOU MAKE FALSE STATEMENTS AND YOU WILL BE LIABLE TO PENALTIES IF YOU DO NOT COMPLETE AND RETURN THIS FORM WITHIN 56 DAYS

How to fill in this form

You may find it useful to have a copy of any lease or agreement to hand.

If when filling in this form you need more space for any question, you can continue on a separate sheet of paper. Please make sure that any extra sheets you use:

- clearly show the relevant question number(s)
- · are signed and dated, and
- · are securely attached to this form.

I believe that the information requested will assist me in carrying out functions conferred or imposed on me by or under Part III of the Local Government and Finance Act, 1988 (concerning non-domestic rating), including compiling a new Rating List or maintaining an existing Rating List.

Time Limit

You must return this form completed within 56 days from the day you receive it. If you do not return this form within 56 days you will be liable to a penalty of £100 [see paragraph 5A(1) of Schedule 9 to the Local Government Finance Act 1988].

A pre-paid envelope is enclosed for your reply.

Valuation Officer

Declaration 1

I declare that:

- the whole of [insert property address] *:
- the part of the property identified on the attached plan*

is used wholly for one or more of the purposes set out in paragraph 16(1) Schedule 5 LGFA.

[*delete as appropriate]

<u>Please complete the table below for each user of the property, with anonymised details of their disabilities:</u>

Declaration 2

I declare that each of the users below, whose names have been anonymised, has consulted with and been diagnosed by a medical professional who has confirmed that the user has:-

- 1. Substantial and Permanent Physical Handicap, Condition, illness
- 2. A "mental disorder" within section 1(2) of the Mental Health Act or
- 3. A "learning disability" within the meaning of section 1(4) of the Mental Health Act 1983 and <u>has a state of arrested or incomplete development of the mind which includes significant impairment of intelligence and social functioning.</u>

Name	1.	2.	3.
(For example:-	Please provide details	In relation to a	In relation to a
AB,CD, and so on)	of the Substantial and	"mental disorder"	"learning disability"
,	Permanent Physical	within section 1(2) of	within section 1(4) of
	Handicap (For	the Mental Health Act	the Mental Health Act
	Example, Blind, Physical Injury and	(see accompanying explanatory letter):	(see accompanying explanatory letter):
	so on), Condition, illness, Mental	please state the name of the Medical	please state the name of the Medical
	Disorder	Professional who has confirmed the user's	Professional who has confirmed the user's
		diagnosis, and/or their position and role	diagnosis, and/or their position and role
		(e.g. psychiatrist,	(e.g. psychiatrist,
		consultant,	consultant,
		paediatrician, etc)	paediatrician, etc.)

Declaration 3

To the best of my	knowledge and	belief the info	ormation I hav	e given in this f	orm and any	attachments
is correct and con	nplete.					

Signature	
Name in Capitals	
Date	

Position	
I am the (delete as appropriate)	Occupier/Owner/Lessee Occupier's Agent/Owner's Agent/Lessee's Agent
Daytime Telephone No.	
E-mail Address	