

# I WOULD LIKE FURTHER INFORMATION ON:

SINGLE PERSON DISCOUNT

COUNCIL TAX DISCOUNTS

*Please state which discount*

.....

COUNCIL TAX EXEMPTION

*please state which class of exemption*

.....

COUNCIL TAX DISABLED RELIEF

COUNCIL TAX BENEFIT

IF YOU PAY RENT DO YOU ALSO WANT TO CLAIM HOUSING BENEFIT

SPECIAL NEEDS SERVICE\*

\* Please state which service you require.

Please send details to:- *(Please give your name and address)*

If you have a telephone number and/or e-mail we will use this if there is a query.

.....

.....

.....

.....

**Send this completed form to:  
COUNCIL TAX, P.O. Box 291  
STAINES TW18 1UY**