



Chief Executive and Corporate Resources Department, Revenue Services, PO Box 1953, Bristol, BS37 0DB

Date:
Account Ref: ctre1
Property Ref:
Enquiries to: Council Tax
Tel: 01454 868003
Fax: 01454 868420
Email: counciltax@southglos.gov.uk

Dear

COUNCIL TAX - PERSONS IN DETENTION APPLICATION FOR DISCOUNT DISREGARD

In accordance with Schedule 1 of The Local Government Finance Act 1992 any person who is held in detention shall be disregarded when calculating Council Tax discount entitlement. Furthermore any person held in detention under the following may also be disregarded:-

- a) on remand in a prison, a hospital or any other place by order of a Court (but not for non-payment of fines, rates or Council Tax); or
- b) pending deportation under Schedule 3 to the Immigration Act 1971; or
- c) under Part II or Section 46, 47, 48 or 136 of the Mental Health Act 1983; or
- d) under the Army Act 1955, the Air Force Act 1955 or the Naval Discipline Act 1957

This means that, for example, should there be two persons in a property but one of them is in prison, then the Council Tax would be calculated as if only one person was resident and the person in prison would be disregarded. Therefore, in this example, a 'single person's' discount would apply.

If you wish to apply for a disregard, please complete Part 1 (overleaf) of this form in BLOCK CAPITAL LETTERS and return it to me at the above address.

Yours sincerely

**Revenues Officer
Council Tax Billing Team
South Gloucestershire Council**



South Gloucestershire
Council

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PART 1 DETAILS OF PERSON HELD IN DETENTION	
FORENAME(S):	SURNAME:
HOME ADDRESS:	
PLACE OF DETENTION:	
ADDRESS:	
DATE TAKEN INTO CUSTODY	ANTICIPATED DATE OF RELEASE
REASON FOR DETENTION (OFFENCE ALLEGED/COMMITTED)	

DECLARATION

I declare that the details stated above are true and accurate to the best of my knowledge and belief and I undertake to notify you of any change in my circumstances which may affect this application.

Signed _____ Dated _____

Name in full _____

If completed on behalf of the person named in Part 1 :

Relationship to applicant _____

PLEASE NOW RETURN THIS FORM TO THE ADDRESS STATED OVERLEAF



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PART 2 TO BE COMPLETED BY THE GOVERNOR/HEAD OF THE PLACE OF DETENTION

A I confirm that (name) _____ is detained at this establishment.

B His/Her reference for our purposes is _____ (for correspondence).

C The period of detention commenced on _____
and is due to cease on _____

D The reason for the detention is (offence alleged/committed)

Name (BLOCK CAPITALS) _____

Position in organisation _____

Signed: _____

Date: _____

PLEASE
AFFIX OFFICIAL
STAMP
HERE

The Council will be grateful if you would please retain PART 3 (attached) on your files for completion and return to the address shown thereon when the named individual is released from your establishment.



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PART 3 NOTIFICATION OF RELEASE OF DETAINEE – COUNCIL TAX DISREGARDS
FULL NAME: _____
COUNCIL TAX REFERENCE: _____
PRISON SERVICE NUMBER: _____
As requested, this is to notify you that (name) _____
Was released from this establishment on _____
To the address of _____ _____ _____
Name (BLOCK CAPITALS) _____
Establishment _____
Position in organization _____
Signed _____ Date _____
<div data-bbox="483 1094 1224 1312" style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;">PLEASE AFFIX OFFICIAL STAMP HERE</div>