NNDR - APPLICATION FOR HARDSHIP RELIEF

Please fill in this form and return it to: Rother District Council, Post Handling

Service, P.O Box 10665, Nottingham, NG6 6DZ **Telephone:** (01424) 787000 **Fax:** (01424) 787755

E-mail: revenuesandbenefits@rother.gov.uk

Web: www.rother.gov.uk



Please read the information on this page and overleaf before you fill in your application.

Applicant(s):	Account Number:								
Correspondence Address:	Property address this form relates to:								
Гelephone:									
≣mail:									
on the grounds of hardship. This reduction where there is a threat of closure, and who	cil has the discretion to allow up to 100% rate relief will only be granted in cases of extreme hardship ere this would affect the local community. When e regard to the interests of the Council Taxpayers.								
1. Name of Business:									
2. Nature of Business:									
3. Is the property rented leaseho	ld freehold								
4. a) If rented, what's the annual rent:	£								
b) Does this include living accommodate	ion? Yes No								
c) Date of next review:									
5. a) If leased, what's the annual lease charge:									
b) Does this include living accommoda	tion? Yes No								
c) Date of next review	/ /								
6. Please enclose copies of your tradin forecast of the financial position for	g accounts for the past 2 years, together with a the current year.								
	of the financial position must be provided such as etter from your bank confirming the position.								
	Please continue overleaf								

	7.											assistanc Rural Dev				er sourc	es
	8.			pinio		at ha	ırdshi	p wol	uld be	caus	ed 1	to the loca	l com	munity	if you	r busine	ess
	9.	Plea	ise m	nake a	ny fur	rther	comr	ments	s in su	pport	of y	our applica	ation o	on a sep	oarate	sheet.	
Declaration: I confirm that the above particulars are correct to the best of my knowledge																	
and belief and understand it is a criminal offence for a ratepayer to give false information when making an application for relief:																	
Sig	Signed											Date		/	/		
Pri	nt F	ull N	ame														
Ca	pac	ity of	Per	son S	igning	, [

This information can be made available in large print, Braille, audio/CD or in another language upon request. Please telephone: 01424 787000 or

Email: revenuesandbenefits@rother.gov.uk

Data Protection Act - How we collect and use the information you give us.

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public funds.