

Date: As Postmarked

My Ref: Your Ref: Contact:

Tel No: 0116 272 7530 Fax No: 0116 272 7790

Email: revenues@blaby.gov.uk

National Non-Domestic Rates

Application for Hardship Relief

Name of Ratepayer:	
Address of Property Co	oncerned:
Contact Name & Telep	hone Number:
Account Reference Nu	mber: <u>N</u>
<u> </u>	Details of Application tinue on a separate sheet, if necessary)
Please supply the total	number of employees:
Number of employees	resident in Blaby District:
Please give a brief sun	nmary of the company background & set up.



Sarah Pennelli, ACMA, Financial Services Group Manager

Blaby District Council Council Offices Desford Road Narborough Leicestershire LE19 2EP Telephone: 0116 275 0555 Fax: 0116 275 0368 Minicom: 0116 284 9786 Web: www.blaby.gov.uk

Please give a statement setting out the cause of the hardship and the likely solution
What would be the likely effect on employees and the business as a whole, should assistance be granted on the rates bill?
Please give your comments on how such assistance would benefit the taxpayers of Blaby District & how this could be justified to them.
Additional information in support of your application
Signature:
Full Name (in block capitals):
Position held in Company:
Date:

Please return this application form together with a copy of audited accounts for the last two years, accompanied by a statement of the current financial situation, to the Council Offices, Desford Road, Narborough, Leicester LE19 2EP. Any other information which may be useful in support of your application should also be included.