



Please complete the relevant parts of the form in **BLOCK LETTERS** and return to:
Benefits and Revenues Service, 88-90 Pier Avenue, Clacton on Sea, Essex CO15 1TN

1. Account Reference:
2. Name of Ratepayer:
3. Address of premises:

4. Contact Address (if different from above):

5. Telephone Number and or email address:

6. What has been the cause of your hardship?

7. How long do you expect this hardship to last?

8. What measures are you taking to improve the situation?

9. How many full/part time staff do you employ?

10. Do you own or lease your property?

11. **Documentary evidence:** Enclose your current and previous 2 years audited accounts together with details of your income and expenditure over the last 6 months (if not covered in your audited accounts). Your last 6 months bank statements must also be included together with any other documentary evidence to support your claim.

12. **Please complete the following declaration and return this form with your documentary evidence to the address shown above:** I declare that the information I have given is correct and that the Benefits and Revenues Service may also share this information with other services within the Council.

Signed: _____ Date: _____

Please print name: _____