



NATIONAL NON DOMESTIC RATES
APPLICATION FOR MANDATORY
RATE RELIEF

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

1. Account Reference:
2. Name of organisation:
3. Address of premises:
4. Contact Address (if different from above):
5. Telephone Number and or email address:
6. Is the organisation a Registered Charity? YES/NO
7. What are the main objects of the organisation? (Please include documentation to support your claim)
8. What use is made of the premises for which your claim is being made?

9. Please complete the following declaration and return to the address shown above:

I declare that the information I have given on this form is correct and that the Benefits and Revenues Service may also share this information with other Service's within the Council.

Signed: _____ Date: _____

Please print name: _____

Position within organisation: _____