

EXEMPTIONS

If you feel that your are entitled to be disregarded, please complete the form below.

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| Name | |
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| Address | |
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|---------------------|--|
| Tel No. (optional): | |
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|---------------------------|---|--|
| Council Tax Reference No. | 8 | |
|---------------------------|---|--|

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| Please enter the Class you are applying for | |
|---|--|

DECLARATION

I declare that the information given on this form is complete and accurate to the best of my knowledge.

Signature of applicant**Date**