

Please quote: Council Tax/Prisoner Claim Form  
Your reference: As shown on your bill  
Date:  
Please ask for:  
Telephone direct: (01424) 451081  
E-mail: [counciltax@hastings.gov.uk](mailto:counciltax@hastings.gov.uk)  
Web: [www.hastings.gov.uk](http://www.hastings.gov.uk)



**Revenues and Benefits Service**  
Aquila House, Breeds Place  
Hastings, East Sussex  
PO Box 176  
TN34 1PY

## **COUNCIL TAX STATUS DISCOUNT: PRISONERS**

When calculating the level of Council Tax payable, a person may be disregarded if that person is a Prisoner.

In order that I may consider your claim please pass this form to the Governor of the prison you are detained in for completion and then return to the above address.

If you or they have any query about the form, or require any assistance to complete it, please do not hesitate to contact my office on the above number.

Yours sincerely,

Revenue Service Manager



INVESTOR IN PEOPLE

**COUNCIL TAX STATUS DISCOUNT: PERSONS IN DETENTION CLAIM FORM**

Please quote your Council Tax Account Reference Number: .....

Name and home address of prisoner:

Date of Birth: .....

Please complete the following details so that this claim can be considered:

<b>A.</b> Is/was the above named held at your establishment Yes <input type="checkbox"/> No <input type="checkbox"/>
Specify total period or periods of detention From _____ To _____
Is/was the period of detention accounted for solely by non-payment of a Council Tax fine ? (If 'yes', please go straight to B.) Yes <input type="checkbox"/> No <input type="checkbox"/>
Date released from custody or current expected date of release on remission and The earliest date on which the above named might be released on parole (if applicable). Expected release date: ..... Earliest release date: .....
Any other information (including new address if known)
<b>B.</b> Form completed by (Block Capitals) ..... Prison Service Establishment (Block Capitals) .....  Prison Stamp  Date .....

