

DECLARATION B: If you want to refuse Expanded Retail Discount for the premises to which this bill and letter relates, you need to complete and return this form

Non-domestic rates account number									
Ratepayer Name									
Ratepayer Address									

I confirm that I wish to refuse Expanded Retail Discount in relation to the above premises. I declare that I am authorised to sign on behalf of the ratepayer.

Please stop the discount from the date below:

DD	MM	YYYY

Signature	
Name and Position in Company	
Email Address	
Contact phone number	
Date	