

FORM B: REFUSAL OF 2021/22 COVID-19 ADDITIONAL RELIEF FUND RELIEF

RATEPAYER NAME: _____

GROUP NAME (IF APPLICABLE): _____

PROPERTY ADDRESS: _____

BUSINESS RATES ACCOUNT NUMBER: _____

I CONFIRM that I am the ratepayer named above (or authorised to sign on their behalf) and wish to refuse the 2021/22 COVID-19 Additional Relief Fund relief in relation to the above premises.

Name: _____

Capacity in which signing: _____

Business address: _____

Telephone: _____

Email address: _____

Signature: _____

Date: _____

Please send your completed form to us at carf@solihull.gov.uk or to the address at the top of this letter.