

**FORM B: REFUSAL OF 2023/24 RETAIL, HOSPITALITY AND LEISURE RELIEF**

RATEPAYER NAME: \_\_\_\_\_

GROUP NAME (IF APPLICABLE): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

BUSINESS RATES ACCOUNT NUMBER: \_\_\_\_\_

PROPERTY REFERENCE NUMBER: \_\_\_\_\_

**I CONFIRM that I am the ratepayer named above (or authorised to sign on their behalf)**  
and wish to refuse the 2023/24 Retail, Hospitality and Leisure Relief Scheme 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 [retaildiscount@solihull.gov.uk](mailto:retaildiscount@solihull.gov.uk) or to the  
address at the top of this letter.**