

**Application for the Small Business Rate Relief Scheme 1st
April 2025, if the Rateable Value is £51,000 or less**

Note: Under this scheme if you are eligible the amount of your relief that you receive will vary depending on your rateable value see www.harrow.gov.uk/bratesreliefs

Account reference Number:

Business Name:

1. Please give the full address of the property you are claiming for:

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2. If you occupy other properties, please list the full property addresses below:

Please continue on a separate sheet as necessary.

3. If you have any other properties which you are responsible for Business Rates for but are empty, please list the full property addresses below:

Please continue on a separate sheet as necessary.

4. Please supply your contact details in case we need to get in touch with you:

Your name:	
Your relationship to the ratepayer or company:	
Business telephone number:	
Mobile telephone number:	
Email address:	

By signing this form, you agree that, to the best of your knowledge, the information contained in it is true and complete to the best of your knowledge and belief. Wilfully making a false statement on this application form is an offence and may result in legal proceedings being taken against you.

You must continue to make payments of your Business Rates, as shown on your most recent Business Rates bill until such time as you receive a revised notice. Making this application, does not mean you should stop or reduce the payments requested.

The authority is required by law to protect the public funds it administers. We may share information you provide with other bodies responsible for auditing, or administering public funds, or where undertaking a public function, in order to prevent and detect fraud. We may also share information you provide to a Specified Anti-Fraud Organisation (SAFO) for the purposes of preventing and detecting fraud. For further details on this, please visit www.harrow.gov.uk/privacy and select Corporate Anti-Fraud Team.

7. Declaration:

I confirm that I am authorised to sign on behalf of: _____

Name

Signature

Date

Position in Organisation.....

Telephone

Email

Please return this application by uploading the completed form at www.harrow.gov.uk/bratesevidence