**Form B: Refusal of Expanded Retail Discount form**

|  |  |  |
| --- | --- | --- |
| Name and address of premises | Non-Domestic Rates account number  | Amount of Expanded Retail Discount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I confirm that I wish to refuse Expanded Retail Discount in relation to the above premises.

I confirm that I am authorised to sign on behalf of **\_\_\_\_\_\_**\_\_\_ [name of ratepayer].

SIGNATURE:

NAME:

POSITION:

BUSINESS:

ADDRESS:

DATE: