## Form B: Refusal of the 2025/26 Retail, Hospitality and Leisure Relief Scheme form

Name and address of premises	Non-domestic rates account number(s)	Amount of RHL support received

I confirm that I wish to refuse t Scheme in relation to the above		and Leisure Relief
I confirm that I am authorised tratepayer].	o sign on behalf of	[name of
SIGNATURE: NAME: POSITION: BUSINESS: ADDRESS: DATE:		