

**Chief Officer Confirmation of Report Submission  
Cabinet Member Confirmation of Briefing**

Report for: Mayor

Mayor and Cabinet

Mayor and Cabinet (Contracts)

Executive Director

Information  Part 1  Part 2  Key Decision

<input type="checkbox"/>
X
<input type="checkbox"/>
<input type="checkbox"/>

<b>Date of Meeting</b>	25 <sup>th</sup> October 2017	
<b>Title of Report</b>	Business Rates Revaluation Support Scheme	
<b>Originator of Report</b>	Lorraine Richards	Ext.46047

At the time of submission for the Agenda, I confirm that the report has:

Category	Yes	No
Financial Comments from Exec Director for Resources	X	
Legal Comments from the Head of Law	X	
Crime & Disorder Implications		X
Environmental Implications		X
Equality Implications/Impact Assessment (as appropriate)	X	
Confirmed Adherence to Budget & Policy Framework		
Risk Assessment Comments (as appropriate)		
Reason for Urgency (as appropriate)		



Signed: \_\_\_\_\_ Executive Member

Date: \_\_\_\_\_ 10/10/2017 \_\_\_\_\_

Signed:  \_\_\_\_\_ Director/Head of Service

Date \_\_\_\_\_ 09/10/2017 \_\_\_\_\_

**Control Record by Committee Support**

Action	Date
Listed on Schedule of Business/Forward Plan (if appropriate)	
Draft Report Cleared at Agenda Planning Meeting (not delegated decisions)	
Submitted Report from CO Received by Committee Support	
Scheduled Date for Call-in (if appropriate)	
To be Referred to Full Council	