

Your appeal

Complete this form and take or send it to us

About you

Title

Your surname

All other names

Your date of birth

Housing/Council Tax claim no. *This can be found on your decision letter*

National Insurance (NI) number

Get this from your NI number card, payslips, tax papers or letters from social security.

Your address

Daytime phone number

Have you arranged for someone to help you with your appeal? No
Yes Please tell them their name and address

Their full name

Their address

Sign this box to authorise this person to act for you

About the decision

Name of benefit or benefits

Date at the top of the letter
about the decision

 /

About your appeal

- Use the space on the other side of this form to say why you do not agree with the decision
- You must say **why** you think the decision is wrong. It is not enough to say 'I do not agree with the decision' or 'The money is not enough'.
- The reasons you give should be like these examples:
 - - ' My rent was £75 per week but you have stated it was £35 per week
 - - 'I moved into the property on 1 November not 1 December.
 - - ' You have used the wrong wages to work out my benefit. I received £250 only during the Christmas week.
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- If you are appealing against more than one decision, you must say why you do not agree with each one.
- If you are appealing more than one month after the decision was made, you must say why your appeal has been delayed.

Your signature

Your signature

Date

 /

If someone has been officially appointed to act for you or someone has the authority to act for you, they should sign here.

What to do now

- Make sure you have said on the other side of this form why you do not agree with the decision
- Take or send this form to us
- It will help if you write **Appeal** on the front of the envelope.
- Remember, your appeal must reach the office within **one month** of the date at the top of the letter telling you about the decision.

Your appeal

- Use this space to say why you do not agree with the decision.
- You must say **why** you think the decision is wrong. Use BLOCK CAPITALS.

- If you need more space, use another sheet of paper. Remember to put your name and claim number on any extra sheets you use.
- Make sure you have filled in all parts of this form and have signed it.
- Take or send this form to:
Kennet District Council, PO Box 443, Devizes, Wilts. SN10 2BR

For office use

Date appeal form issued to customer _____

Date appeal received _____

Appeal received at office _____