

Housing and Council Tax Benefit Appeals Form



Please complete this form and return it to us – please remember your appeal must be received by the Council within one month of the decision being sent to you.

Your surname:

Your first name(s):

Your date of birth:

Your address:

Postcode:

Telephone No.:

Mobile No.:

Email address:

Have you arranged for someone to help you with this appeal?

Yes

No

Their full name:

Their address:

Postcode:

Sign this box to authorise this person to act for you

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
- 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 and if you have any special circumstances that need to be taken into consideration

- If you need more space, please use another sheet of paper
- **Make sure you have filled in all parts of this form and sign it**

Your signature Date/...../.....

If someone has the authority to act for you
please have them sign here

**Please return this form to:
The Benefits Service – Bracknell Forest Council
Time Square, Market Street, PO Box 3781, Bracknell RG12 1JD**