Application to Appeal

Please write your Claim Reference Here

About you

Name

Address

Date Of Birth / /

Daytime Telephone Number

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

No

Yes

Please tell us their name and address below

Name

Address

Sign this box to authorise this person to act as you

About the decision

Name of the benefit or benefits that you are appealing against

Date at the top of the letter concerning the decision / /

Your appeal

Please use the space below 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'

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.

PLEASE USE BLOCK CAPITALS

If you need more space, please use extra sheets of paper. Remember to put your name and Claim reference on any extra sheets you use

Make sure that you filled in all parts of this form and you have signed below

Please return this form to Benefit Services, Bournemouth Borough Council, Town Hall, St Stephens Road, Bournemouth, BH2 6EB. It will help if you write 'APPEAL' on the top left of the envelope

Remember, your appeal must reach my office within **one month** of the date of the letter telling you about the decision

Your signature

Signature

Date / /