

APPEALS FORM



1. Appeal Type

(Please tick the box to indicate what your appeal is about)

- | | | |
|--|--|--|
| <input type="checkbox"/> Assessment of housing application | <input type="checkbox"/> Application for rehousing | <input type="checkbox"/> Planned Maintenance |
| <input type="checkbox"/> Allocation of Housing | <input type="checkbox"/> Repair charges Breach of agreement action | <input type="checkbox"/> Tenancy Issues |
| <input type="checkbox"/> Rent Assessment | <input type="checkbox"/> Water usage charges | <input type="checkbox"/> Other |

2. Your Details

Name:

Address:

Postcode:

Contact No. (Home):

(Mobile):

3. Appeal Details

(What decision did we make that you want changed?)

4. Information

- (a) Have you already discussed this matter with a staff member? Yes No
- (b) Were you told why the decision was made? Yes No

5. Resolution Required

(What do you want us to do?)

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