

# 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"/> Tenancy issues      |
| <input type="checkbox"/> Allocation of Housing             | <input type="checkbox"/> Repair charges            | <input type="checkbox"/> Planned Maintenance |
| <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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