

Appeal form

Please fill in this form to appeal a decision and send it to:

Benefit Services
Cotswold District Council
Trinity Road
Cirencester
Gloucestershire
GL7 IPX

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Date:	
Claim reference number:	

Details of the applicant			
Full name			
Address and postcode			
Date of birth			
National Insurance (NI) number Get this from your NI number card, payslips, tax papers or letters from social security			
Contact telephone number:			
Email address:			
Have you arranged for someone to help you with your appeal?	Please circle	Yes	No
Their full name and address			
Sign this box to authorise this person to act for you			Date:

About the decision	
Name of benefit or benefits	
Date at the top of your decision letter	
About your appeal	

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'. The reasons given should be like these examples:

- 'My rent was £75 per week but you have stated that it was £35 per week'.
- 'I moved into a property on I November not I December'.
- 'You have used the wrong wages to work out my benefit. I received £250 only during the Christmas week'.

If you are appealing against more than one decision, state 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 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

Your signature		
If you need more space, use another sheet of paper. Remember to put your name and NI number on any extra sheets of paper.		
What to do now		
 Make sure you have said why you do not agree with the decision. Make sure you have filled in all parts of this form and signed it. Take or send this form to Benefit Services, Cotswold District Council, Trinity Road, Cirencester, Gloucestershire, GL7 IPX 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 decision letter. 		
If you need further details please phor	ne us on 01285 623035 or e-mail benefits@cotswold.gov.uk	
•	information provided to it with other bodies responsible nds in order to prevent and detect fraud under Section 6 of	