

This document can be made available in large print, Braille, tape format or in other languages upon request

WEST SOMERSET COUNCIL  
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E customerservices@westsomerset.gov.uk W www.westsomersetonline.gov.uk



## Your appeal

Complete this form and take or send it to West Somerset Council

### About you

Title

Mr / Mrs / Miss / Ms

Your surname

All other names

Your date of birth

National Insurance (NI) number

Get this from your NI number card, payslips, tax, papers or letters from social security

Your address

Daytime telephone number

Code

Number

Have you arranged for someone to help with your appeal?

No

Yes

Please give their name and address

Their name

Their address

Sign this box to authorise this person to act for you

## About the decision

Name of benefit or benefits

Date at the top of the letter  
about the decision

## About your appeal

Use the space on the next page of this form 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 you give should be like these examples:

- My rent was £75 per week but you have stated it was £35 per week
- I moved into the property on 1 November not 1 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, 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.

## Your signature

Your signature

Date

If someone has been officially appointed to act for you or someone has the authority to act for you, they should sign here.

## What to do now

Make sure you tell us on the next page why you do not agree with the decision. Take or send this form to West Somerset Council. It will help if you write Appeal on the front of the envelope.

Remember, your appeal must reach our office within one month of the date at the top of the letter telling you about the decision.

# 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. Please write clearly.

Large empty rectangular area for writing the appeal.

- ❖ If you need more space, use the back of this page. Remember to put your name and National Insurance number on any extra sheets of paper.
- ❖ Make sure you have filled in all parts of this form and signed it.
- ❖ Take or send this form to the office that sent you the decision.

## For office use

Appeal form issued to customer

Appeal received

Appeal sent to the Tribunals Service

**For additional information**