



Appeal form

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

Benefit Services PO Box 302	Date:
Witney OX28 IWP	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	Please use BLOCK CAPITALS

Use this space to say why you do not agree with the decision. You must say **Why** you think the decision is wrong. If you need more space, use another sheet of paper. Remember to put your name and NI number on any extra sheets of paper.

	_			
Your signature	Date	•••••		
What to do now				
L Make sure you have said why you do not agree with the desiries				
I. Make sure you have said why you do not agree with the decision.				

- 2. Make sure you have filled in all parts of this form and signed it.
- 3. Take or send this form to: Benefits Services, PO Box 302, Witney, OX28 IWP
- 4. It will help if you write Appeal on the front of the envelope.
- 5. 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 phone us on 01993 831030 or e-mail benefits@westoxon.gov.uk

The Council are the Data Controllers for the purposes of the Data Protection Legislation We will only use your personal information in accordance with the Legislation and for the purposes of the Revenues & Benefits. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

West Oxfordshire District Council may share information provided to it with other bodies responsible for auditing or administering public funds in order to prevent and detect fraud under Section 6 of the Audit Commission Act 1998.