This is my request for a written explanation, reconsideration or appeal tribunal hearing



Please complete these fields in blo	ock capitals.		
Title (Mr/Mrs/Miss/Ms etc)	Surname		
First name(s)			
Address			
	Postcode		
Date of birth (dd/mm/yy)			
Telephone number			
Email address			
National Insurance number	Letters Numbers Letter		
Housing benefit/council tax benefit reference number	Council tax account number		
Please tick one of the following box	xes only		
Please send me a written explanation of	f your decision		
Please reconsider your decision			
Please forward my claim to the appeals	s tribunal		
The date of the decision that my re- (you can find this information at the top of your no			
If you are completing this form on I	pehalf of the customer, please provide the following		
Your name			
Address			
	Postcode		
Telephone number			
Email address			
Relationship to customer (son/daugh	nter/mother/father/solicitor etc)		

Please continue overleaf

Please explain the reasons for your request here. You must give as much detail as you possibly can. You should provide documentary evidence in support of your application.					
Declaration					
Even if someone else h	has filled in this form for you, you m	nust sian this d	eclaration		
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You can also hand this form in with your evidence, at any of our neighbourhood offices