

YOUR APPEAL

Complete this form if you wish to appeal against a decision that we have made about your claim for Housing Benefit or Council Tax Benefit. The form must be returned to the address below:

**Benefits Section
Oadby & Wigston Borough Council
PO Box 5, Wigston
Leicestershire
LE18 1AZ**

Title

Your surname

All other names

National Insurance number

Your Address

 Postcode

Telephone number

Have you arranged for someone to help you with your appeal?

Their full name

Their Address

 Postcode

Sign this box for them to act for you

Name of Benefit	Tick	Date at top of final decision letter
Housing Benefit	<input type="checkbox"/>	<input type="text"/>
Council Tax Benefit	<input type="checkbox"/>	<input type="text"/>
Both	<input type="checkbox"/>	<input type="text"/>

