

**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**  **Code**  **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**

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

