

LGSS APPEAL FORM

SECTION 1 – ABOUT YOU	
Title	
Surname	
Forename	
Date of Birth	
National Insurance Number	
Address	
Postcode	
Daytime Phone Number (inc. area code)	
Email Address	
Have you arranged for someone to help you with your Appeal form?	YES / NO
Their Full Name	
Their Full Address	
Postcode	
Sign this box to authorise this person to act on your behalf	

About your Appeal

Use the space on the other side 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 “you do not agree with the decision” or that “you are not getting enough benefit”.
- If you are appealing against more than one decision, you must say why you do not agree with each one separately.
- If you are appealing more than one month after the decision is made, you must say why your appeal has been delayed.
- If you need more space, use another sheet of paper but please remember to put your name and benefit claim number on any extra sheets used.
- Make sure you have filled in all parts of this form and have signed it.

DECLARATION

I declare that the information given on this form is complete and accurate to the best of my knowledge. **REMEMBER, if you give false information you may be prosecuted.**

In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds.

Full Name (BLOCK CAPITALS)	
Signature	
Date	
Signature of Appointee (if applicable)	
Date	

Information will only be used by Horsham District Council and its employees in accordance with the Data Protection Act 1998. The Council will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Act and which is required or permitted by law in carrying out any of its proper functions.