

## Council Tax Reduction Appeal Enquiry Form (Appellant)

Please complete in block capitals and return this form to us within two weeks							
Appeal num	ber						
Question 1							
Do you want	to continue with your appea	ત્રી?					
Yes	please go to Question 2						
No	please go to the bottom of page 2, enter your name and return the form to us. We will then treat your appeal as withdrawn						
Question 2		Name:					
If you have a representative, please give us their name and contact details.		Address:					
you return thi	e a representative after is form, you can send	Postcode:					
their details la	ater.	Phone number:					
		Email address:					
Question 3							
Do you want to have a hearing of your appeal, where you (or your representative if you have one) can meet the Tribunal and put your case?							
Yes	Please go to Question 4 and answer Questions 4 to 8						
No	We will arrange a hearing but the appeal will be heard without you being there, if the Tribunal agrees there is enough evidence to consider.  Please go to the bottom of page 2, enter your name and return the form to us.						

## Question 4

notice of the date of the hearing.							
Please tick this box if you are We may be able to arrange y example if another appeal is	your appeal more						
Question 5							
If you have chosen to attend a hearing, please tell us if there are any regular days of the week or dates (for example because of hospital appointments or holidays) when you would <b>not</b> be able to come to a hearing.							
Question 6							
Question 6				٦			
Do you need an interpreter?	Yes		No				
If you have ticked Yes, we wat the hearing. Please tell us	•	•		•			
Language		Diale	ct				
Question 7							
Do you need a signer?	Yes		No _				
If you have ticked Yes, we w the hearing.	ill arrange for an	indepe	ndent sig	ner to be available at			
Question 8		_					
Please tell us about any special needs you have for the hearing venue, such as hearing loops, a palantypist or disabled access.							
Signature			Date				