



## Council Tax Reduction Appeal Enquiry Form (BA)

Please complete and return this form to us within two weeks

Appeal Number:

Appellant:

Reference:

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### About the appeal

Do you consider that the appeal has been made as required?

Yes  No

If you have ticked No please explain why

### About your decision

Date you received a challenge about council tax reduction

Date your decision was issued

### About the hearing

You require an oral hearing

Yes  No

Presenting Officer will attend

Yes  No

The Presenting Officer has special needs for attending the hearing

Yes  No

If you have ticked Yes please give details

**Your understanding of the issue**

Please tick any of these general categories that you consider applies to this appeal

**The dispute is over -**

- backdating
- whether the claim is complete and all the evidence has been provided
- termination of an award
- calculation of income/savings
- whether the Scheme has been applied correctly
- whether any overpayment is recoverable
- another matter  (please explain below)

**Your response**

The billing authority opposes the appeal because.....

**Any other comments**

**Please note: We do not require your pack of documents at this stage but will request it when we send you a Hearing Notice.**