## **ACCESS 2 PLACE APPEAL FORM**

1.	Appeal Type (please tick the box to indicate what your appeal is about)		
	Assessment of housing application	Application for rehousing	Tenancy issues
	Allocation of housing	Repair charges	Planned maintenance
	Rent Assessment	Water usage charges	Other, please specify
2.	Your Details		
	Name Address: Contact Phone Number/s:		
3.	Information Have you already discussed this matter with a staff member?  Yes  No  Appeal Details  What do you understand the decision to be?		
4.			
	Please write on the back of this form if you need more room  Why would you like to appeal this decision? What facts would you like to be considered?		
	Please write on the back of this form if you need more room		