



NOTICE OF APPEAL FORM D

APPLICATION FOR A COUNCIL TAX REDUCTION REVIEW APPEAL

This form should be used if you wish to make an application for a Council Tax Reduction Review appeal in terms of Regulation 70B of the Council Tax Reduction (State Pension Credit) (Scotland) Regulations 2012 or Regulations 93-96 of the Council Tax Reduction (Scotland) Regulations 2021.

The appeal must be submitted to the Local Taxation Chamber within 42 days of the date you were sent the decision notification by the Local Authority. If the Local Authority have not notified you of a decision on a request for review more than two months must have elapsed since you sent the Local Authority the notice requesting the review. If the appeal is lodged late and explanation for the delay must be provided.

The Local Taxation Chamber has published guidance to assist you in making your application, completing this form and with understanding the procedure that your application will follow. We recommend that you read this guidance before completing this form. Please contact us if you require this guidance in hard copy.

Once you have completed this form, you can send it and any accompanying documents to us:

By email to LTCAdmin@scotcourtribunals.gov.uk.

Or, alternatively by post to:

First-tier Tribunal for Scotland Local Taxation Chamber

Scottish Courts and Tribunals Service

Bothwell House, 1st Floor

Hamilton Business Park

Caird Park

ML3 0QA

You can contact us in relation to your application or any general enquiries by email, post or telephone. Our telephone number is 01698 390 012.

Please note that the Scottish Courts and Tribunals Service cannot give you legal advice, although we can explain and help you to understand the procedure that an appeal will follow.

1. APPELLANT DETAILS

(a) Title (Mr, Mrs, Miss, Ms, etc.):

(b) First name:

(c) Last name:

(d) Full address and post code:

1. APPELLANT DETAILS (continued)

(e) Email address:

Can we use this email address to send case papers/correspondence? Yes No

(f) Contact telephone number:

(g) Date of Birth:

(h) National Insurance Number:

(i) If you have an alternative postal or email address where you would prefer documents to be sent, please provide this below: (this is different to sending documents to a representative - representative details can be entered in the next section)

2. APPELLANT'S REPRESENTATIVE DETAILS

(a) Company/Organisation name:

(b) Title (Mr, Mrs, Miss, Ms, etc.):

(c) First name:

(d) Last name:

(e) Contact address and post code:

(f) Email address:

Can we use this email address to send case papers/correspondence? Yes No

(g) Contact telephone number:

(h) Representative's profession:

3. LAND/PROPERTY THE APPEAL RELATES TO

Same as my address in Section 1(d)

Or, enter Full address and postcode here:

4. APPEAL DETAILS

(a) Please advise the name of the local authority which the property comes under:

(b) Council Tax reference number

(c) LA Council Tax reduction decision date

(d) LA Council Tax reduction review decision date

(e) LA Council Tax reduction review decision reference number

(f) Is there an outstanding Housing Benefit appeal?

Yes

No

(g) Please use the space below to provide the grounds on which your appeal is being made:

(h) Please indicate below whether you require a Hearing to be arranged:

Yes – I require a Hearing to be arranged*

No – I do not require a Hearing to be arranged

*Hearings are normally held over video call. If you have any special requirements for participating in a video call, or wish to request an in-person hearing, please complete the separate accessibility form and return it with your application.

5. DOCUMENTS TO BE INCLUDED WITH APPEAL

Please provide the relevant additional documents below for the type of appeal you are making, and tick the box to indicate what you have included:

A copy of the written notice requesting a review that you served on the Local Authority

A copy of the written notice of the decision issued by the Local Authority

Also, If you have submitted this notice of appeal more than 42 days after you received the Decision from the Local Authority:

a statement of the reasons on which you rely for justifying the delay

If you are supplying any further materials in support of the appeal, please list them here:

6. SIGNATURE

Please select which of the following options applies to you:

I am the appellant and my details have been provided in section 1 of this form.

I am authorised to represent the appellant and I am making this appeal on their behalf. My details have been provided at section 2 of this form.

I confirm that I am submitting this form to the First-tier Tribunal for Scotland Local Taxation Chamber as a notice of appeal in accordance with Rule 41(3)(a)(iv) of the First-tier Tribunal for Scotland Local Taxation Chamber (Rules of Procedure) Regulations 2022.

Signature:

Date: