Housing Benefit
Request to withdraw or continue an appeal

Please use this form to withdraw your appeal, or ask us to forward it to the Tribunal Service.

First name: 

Last name: 

Address: 

Postcode: 

Daytime phone number: 

Benefit claim number: 

E-mail address: 

What you want to do
Please tick one of the boxes below to say what you would like to do:

☐ I would like to withdraw my Housing Benefit appeal

☐ I would like you to continue with my Housing Benefit appeal and send it to the Tribunal Service

If you have any comments you would like to add to support your appeal please tell us:

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Your signature: 

Date: / / 

Once you have filled in this form and signed the declaration please return it to your Local Authority:

Canterbury City Council
PO Box 2033
Pershore
WR10 9EE
www.canterbury.gov.uk

Dover District Council
PO Box 2031
Pershore
WR10 9EB
www.dover.gov.uk

Thanet District Council
PO Box 2032
Pershore
WR10 9ED
www.thanet.gov.uk