LBHF Housing Compensation Claim Form

Name of person claiming compensation:

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_____

Address of person claiming compensation:

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Service failure resulting in request for compensation (please give as much information as possible to support your claim):

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Contact number(s): _____

Signature of claimant: _____

Date:_____

Please take this form to one of our reception points or post to your local area housing office You will receive a response within 10 working days.