



Hen Harrier Project Appeals Form

Name: _____

Address: _____

Herd Number: _____ Hen Harrier Project Reference No. _____

(this is the series of letters and numbers in the first part of each field No., e.g. If you have a field SA132_03 on your plan, then your HHP No. is SA132)

Decision you wish to have Appeal, e.g. Habitat Score, Delivery of Supporting Action

Grounds for Appeal:

(attach additional sheets if required)

Name of Personal Representative

If you wish to have someone assist you at a meeting or site visit you must name them here.

Do you want an Oral Hearing? Yes/ No _____

Do you want the Appeals Commissioner to visit the site? Yes/ No _____

Grounds for a request for an Oral hearing or Site Visit:

(attach additional sheets if required)

Signed: _____

Date: _____