

## ALLOTMENT APPEAL FORM

Clear and concise information will assist the Parish Relations Task Group in considering your Appeal.

**Please note the deadline for Appeals is February 1<sup>st</sup> of the year being appealed.** (Appeals of past years can be accepted under exceptional circumstances only.)

NAME OF PARISH:

RECTOR:

TEL.#/E-Mail:

Please provide name of preferred contact person should additional information be required:

NAME

TEL.#/E-Mail:

ADDRESS:

PARISH POSITION: (WARDEN/TREASURER/ETC.)

Allotment assessed for most recent Calendar Year: (20\_\_)

\$ \_\_\_\_\_

Allotment assessed for coming year (Year of Appeal): (20\_\_)

\$ \_\_\_\_\_

Allotment paid to date in current year:(Year of Appeal): (20\_\_)

\$ \_\_\_\_\_

Parish Income for each month of:

MONTH	2 <sup>ND</sup> Last Fiscal Year 20__	Last Fiscal Year 20__	Estimates for Year being Appealed 20__
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Please outline in point form below the nature of the Appeal. The following will be considered grounds for Appeal.

1. Assessed Income (20 \_\_\_\_ ) was more than 10% higher than 20 \_\_\_\_ as the result of an unusual or exceptional income (bequest or special appeal). **Please specify** the bequest or special appeal.
2. 20 \_\_\_\_ income is expected to be lower than (20 \_\_\_\_ ) by more than 10% of the preceding year’s income.  
**(Full details must be given)**
3. Special appeals based on other circumstances will be considered using the information presented below. Please note that shortage of funds is not grounds for appeal.

Please supply a FULL description (and rationale) of circumstances, upon which you are basing your appeal.

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Continue on separate sheet, if necessary.

Submitted by:	Date:
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