

## Part 1 Claim for Compensation

(Part 1 of the Land Compensation Act 1973)

Claimant(s) contact details								
Glainlant(3)	Title	First name		Last name				
Claimant 1								
Claimant 2								
Claimant 3								
Postal address								
Postcode								
Telephone								
Email								
Name of the road scheme that gives rise to your claim								
Details of the property you're claiming for. If your claim relates to land, please include a plan								
Postal addres	s							
Postcode								
Is your proper	ty: (please	e click to tick the appropr	iate box)					
Residential	A	An agricultural unit	A bus	iness				
Other, please specify								
What's your le	gal intere	st in the property? (pleas	e click to tid	ck the appropriate box)				
Freehold ownership A mortgage lender								
Leasehold ownership with more than 3 years left to run								

What date did you acquire the prope	rty?							
How did you acquire the property? (μ	olease click to put a	a tick in the appr	opriate box)					
It was sold to me I inherite	ed the property	It was give	en as a gift					
Is the property mortgaged? Yes	No							
Does anybody else have an interest	in the property?	Yes	No					
If you've answered 'yes', please provide their name, contact details and mortgagee roll or reference number:								
Do you have an interest in any other property you're claiming for?	property that is ne	xt to or has a co No	mmon boundary with the					
If you've answered 'yes', please give details:								
Do you occupy all of the property?								
Claimant 1	Yes	No						
Claimant 2	Yes	No						
Claimant 3	Yes	No						
If you do not occupy all the property, please tell us why:								
If you do not occupy the property bed agreement.	cause it's let to ten	ants, please atta	ch a copy of the tenancy					
Amount of Claim								
Amount of compensation being claimed £								

•	nted a professional advisor to deal with your cla or. You should liaise directly with your advisor w		•
Advisors name			
Postal address			
Postcode			
Telephone			
Authority			
in regards to ou	pinted the above named to be our/my profession or/my claim and we/I authorise Stockport Metropectly with our/my professional advisor.		
Signature (Claimant 1)		Date	
Signature		Doto	

Date

Date

**Professional Advisor** 

(Claimant 2)

Signature (Claimant 3)

Note: any person knowingly making a false statement in support of a claim is liable to prosecution.

## Office use

Relevant date: