

**Part 1 Claim for Compensation**

(Part 1 of the Land Compensation Act 1973)

Highway Works

**Claimant(s) contact details**

 Title First name and last name

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Claimant 1

Claimant 2

Claimant 3

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Postal

Address

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Telephone

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Email

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Name of the road scheme which gives

rise to your claim

**Details of the property you’re claiming for. If your claim relates to land, please include a plan**

Postal Address

Postcode

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**Is your property:** (please click to cross the appropriate box)

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Residential [ ]  An agricultural unit [ ]  A business [ ]  Other

**What is your legal interest in the property?** (please click to cross the appropriate box)

Freehold ownership [ ]  Leasehold ownership with more than 3 years left to run [ ]
A mortgage lender [ ]

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**What date did you acquire the property?**

**How did you acquire the property?**

It was sold to me [ ]  I inherited the property [ ]  It was given as a gift [ ]

**Property** **Interests**

**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:

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**Do you have an interest in any other property that is next to or** Yes [ ]  No [ ]

**has a common boundary with the property you are claiming for?**

If you’ve answered ‘yes’, please give details:

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**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

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If you do not occupy the property because it’s let to tenants, please attach a copy of the tenancy agreement.

**Amount of claim**

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| --- |
| **£** |

**Amount of compensation being claimed**

**Professional Advisor**

If you’ve appointed a professional advisor to deal with your claim the council will only correspond with your advisor. You should liaise directly with your advisor with regards your claim.

Please provide the advisors name, firm and contact details

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**Authority**

We/I have appointed the above named to be our/my professional advisor to act on our/my behalf in regards to our/my claim and we/I authorise Stockport Metropolitan Borough Council to correspond directly with our/my professional advisor

**Signatures**

Signature

Claimant 1

Signature

Claimant 2

Signature

Claimant 3

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Date

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Date

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Date

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

**Office Use**

**Relevant date:**