HF HOMES COMPENSATION CLAIM FORM

Name of person claiming compensation:

_____
_____

Address of person claiming compensation:

_____
_____
_____
_____

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.