Logo

Description automatically generated**APPEAL FORM**

For official use:

**Rights of Way Section The Planning Inspectorate 3A Eagle**

**Temple Quay House 2 The Square Temple Quay Bristol**

**BS1 6PN**

[rightsofway2@planninginspectorate.gov.uk](mailto:rightsofway2@planninginspectorate.gov.uk)

WILDLIFE AND COUNTRYSIDE ACT 1981, SECTION 53 AND SCHEDULE 14

Appeal to the Secretary of State Secretary of State for Environment, Food and Rural Affair under paragraph 4 (1)

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| --- | --- | --- |
| 1. | Name: |  |
| 2. Address: Postcode:  Daytime telephone: Email: | | |
| 3. | Name of surveying authority: |  |
| 4. Title of definitive map: | | |
| 5. Description of the way: | | |
| 6. Date and reference of application to surveying authority: | | 7. Date of service of notice of decision: |

**Grounds of appeal:** *please note that your appeal cannot be considered if you have not submitted grounds of appeal* **:**

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| --- |
| **(*please continue on separate sheet(s) if necessary*)** |
| I enclose 2 separate copies of:  the application made to the surveying authority   the notices associated with the application   a map showing the alleged right(s)of way   the authority's decision letter   other relevant supporting documentation: |
| I understand that a copy of this appeal and supporting papers may be made available for public inspection.  Signed ............................................................... Date ............................................................. |
| **Certification**  **I served notice of this appeal on the surveying authority on:** [date] Signed ............................................................... Date .............................................................  **Note: Your appeal will be invalid if you fail to correctly serve notice of your appeal on the surveying authority within the 28 day deadline.** |

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Please provide an index of the documents submitted with this form and ensure your documents are clearly labelled.

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This form should now be returned to the address shown at the top of this form.