# Guide Dogs Service Withdrawal or Denial

# Appeal Application Form

## Contact details:

Full name:

Address:

Phone number:

Email address:

## Type of service the appeal relates to:

**Please tick as appropriate**

Guide Dogs

Buddy Dog

Companion Dog

My Guide/Sighted Guiding

Movement Matters

Educational Support

Family Support

Custom Eyes

## I wish to appeal against the decision to:

**Please tick as appropriate**

Permanently remove a service

Not provide a service

## Preferred method of contact:

**Please tick as appropriate**

Email

Mail

Large print mail

Braille

Audio

## Please provide the approximate date of the decision being appealed below:

## Please explain your reasons for appealing the decision below:

Please note: If you are sending any additional supporting documentation, do not send originals as they cannot be returned.

## Signature and date

Name:

Signature:

Date:

## End of document.