

# CLAIM FOR COMPENSATION

Under Part 1 of the Land Compensation  
Act (Scotland) 1973



## CLAIMANT(S) DETAILS (please do not use initials as form will be returned for completion)

	Title	Forename	Other Name(s)	Surname
Claimant 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claimant 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claimant 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>			
Postcode	<input type="text"/>			
Telephone	<input type="text"/>			
Email	<input type="text"/>			

## THE PUBLIC WORKS GIVING RISE TO CLAIM

The Works	<input type="text"/>
Physical Factors	<input type="text"/>
Relevant Date (road first opened)	<input type="text"/>

## THE PROPERTY YOU ARE CLAIMING FOR

Postal Address	<input type="text"/>
Postcode	<input type="text"/>

Have there been any alterations to the property since the relevant date?

Yes

No

If Yes please give details including dates

<input type="text"/>
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## OWNERSHIP

What is your legal interest in the property? (please tick as appropriate)

SOLE OWNER       TRUSTEE

JOINT OWNER       OTHER (please give details below)

## DETAILS OF OWNERSHIP

Date Property Acquired

How was property acquired? Choose one of the following

Purchased       Inherited       Other  (please give details below)

Is there any outstanding security held on the property? (mortgage, loan etc)

YES       NO

If YES then please give details below, giving the full postal address of all lenders

Do you own any land that is next to or has a common boundary with the property you are claiming for?

YES       NO

If YES then please give details below

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## YOUR CLAIM

Do you occupy all of the property building?

Claimant 1	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Claimant 2	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Claimant 3	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If NO give details

## AMOUNT OF CLAIM (please enter an amount in pounds sterling or form will be rejected)

What is the amount of your claim?

Please state the reason for claim below

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## PROFESSIONAL ADVISOR (delete as appropriate)

WE / I HAVE APPOINTED THE FOLLOWING PERSON/ FIRM TO ACT ON MY / OUR BEHALF

Full Name

Firm

Full Postal Address

Postcode

Telephone

Email

Reference Number

## AUTHORISATION

### SIGNATURE

Claimant 1

Date

Claimant 2

Date

Claimant 3

Date