

# 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

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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	<input type="text"/>
Firm	<input type="text"/>
Full Postal Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
Reference Number	<input type="text"/>

## AUTHORISATION

### SIGNATURE

Claimant 1	<input type="text"/>	Date	<input type="text"/>
Claimant 2	<input type="text"/>	Date	<input type="text"/>
Claimant 3	<input type="text"/>	Date	<input type="text"/>