Safe at Home - Customer Enquiry Form

Return to:
Safe at Home, Town Hall, Great Yarmouth, Norfolk, NR30 2QF

Case No.

Name: ..……

Mr/Mrs/Miss/Ms: …….. Date of Birth: ……

Address: ……..……..

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……Postcode: ……

Telephone: ..……..

Are you the owner/occupier? Yes/No

Are you claiming any of the following benefits?

- ☐ Income Support
- ☐ Housing Tax Benefit
- ☐ Incapacity Benefit
- ☐ Council Tax Benefit
- ☐ Working Tax Credit
- ☐ Guaranteed Pension Credit

Enquirer's Name (if different from above) ……..……..

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Address: ……..……..

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…….. Postcode: ……..

Telephone: ……..……..

Relationship ……..……..

Is the person requiring help aware of this enquiry? Yes/No

For official Use Only

Action Points

Date: ……..

Enquiry Taken by: ……..

Letter/Phone/In Person

Follow up calls: ……..

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Notes:

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Please provide a brief description of the help required:

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