

CLAIM FOR COMPENSATION UNDER FLOOD MANAGEMENT (SCOTLAND) ACT 2009

SCHEME: COMRIE FLOOD PROTECTION SCHEME

1. Name of claimant.....

Address (including Postcode).....

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Telephone No.

2. Description and situation of the land in respect of which the claim is made.
(Please quote full address (including postcode) and if other than a dwelling enclose a plan).

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3. (a) Use to which the land is put (e.g. dwelling, agricultural unit, shop etc.)

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(b) If the land is NOT a dwelling or an agricultural unit, the rateable value

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(c) Whether the claimant occupied the land Yes/No.

(d) If the claimant occupies only part of the land, the extent of the part occupied

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4. (a) Details of claimant's interest (i.e. owner, mortgagor, trustee, tenant with more than three years of lease to run etc.)

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(b) Date acquired (if there was a contract, this will be the date of the contract)

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(c) Manner in which acquired (purchase, inheritance etc.)

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(d) Name & Address of person having custody of title documents

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(e) If the interest is subject to mortgage, the name and address (including Postcode) of mortgage and mortgagee's roll/reference number. If more than one mortgagee, please indicate the order of priority. If none please state NONE.

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(f) Names and addresses (including Postcodes) of other persons having an interest in the land together with details of their interest (i.e. freeholder, lease holder, tenant etc.), passing rent, duration of lease etc. If none please state NONE.
Continue on a separate sheet if necessary.

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Provide a copy of the any appropriate leases or missives of let.

Particulars of claims

(i) For the value of the claimant's interest in land being acquired or permanently or temporarily occupied by the works.(if appropriate)

£.....

(ii) For severance or injurious affection of other lands of the clamant (if appropriate)

£.....

(iii) For disturbance

£.....

(iv) For servitudes (if any)

£.....

Details should be provided showing how the amount claimed has been calculated.

Total sum claimed £.....

5. Where appropriate, give the name, address (including Postcode) and telephone number of the professional adviser(s) acting on behalf of the claimant.

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Signature of Claimant or duly authorised agent

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Date

Address (including Postcode) of agent (if different from 6 above)

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Note: Any person knowingly making a false statement in support of a claim is liable to prosecution.

TO BE SUBMITTED TO:

Head of Legal Services
Perth & Kinross Council
2 High Street
Perth
PH1 5PH