

Section 67 (3) of the Agricultural Holdings Act 1986 Reply to

Application for Approval of Long Term Improvement

# This Application form is also available in Welsh. Please contact the Tribunal for a Welsh version of this form.

The tribunal will accept applications by email to [AgriculturalLandTribunalWales@gov.wales](mailto:AgriculturalLandTribunalWales@gov.wales) or in hard copy by post.

If sending a hard copy, please send the completed application form together with the specified documents to:

Agricultural Land Tribunal Wales

Welsh Tribunals Unit

PO Box 100

Llandrindod Wells

Powys

LD1 9BW

If you have any queries, you can contact the Tribunal by email or on 0300 025 9809.

We welcome calls in Welsh and English

The Agricultural Land Tribunal Wales welcomes correspondence and phone calls in Welsh and English. This includes submitting forms, documents and written representations to the Tribunal.

|  |  |
| --- | --- |
| 1. **1. Language Preference** |  |
| Would you prefer to correspond with us in: | Welsh  English  Both |
| Would you prefer any verbal communication to be in: | Welsh  English  Both |
| Would you prefer to speak Welsh or English at your Tribunal Hearing? | Welsh  English  Both |
| **2. Languages Spoken** |  |
| What languages do you use to communicate?  (Please tick all that apply) | Welsh  English  Other (please state) |
|  | Click or tap here to enter text. |
| 1. **3.** We would like to support the use of the Welsh language in Tribunals. If you can speak Welsh, and have indicated English as your language of choice, is there a specific reason why you have chosen to communicate in English? | (Your answer will not affect the substance of your case in any way) |
| Click or tap here to enter text. |  |

# Section 1 – Information about You

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Address (including Postcode) | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

# Section 2 – Information about the Application Made

|  |  |
| --- | --- |
| Tribunal Number | ALTClick or tap here to enter text. |
| Name of Applicant | Click or tap here to enter text. |
| Address of Holding | Click or tap here to enter text. |

**Section 3 – Representative Details**

Is there anyone who will be acting on your behalf?

Yes  No

If yes, please provide details below.

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Address (including Postcode) | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Profession | Click or tap here to enter text. |

The Tribunal should deliver Notices and send correspondence concerning the Application to the above representative instead of to me.

# Section 4 – Response to the Application

The information in the Application is correct

I oppose the Application and rely upon the facts and matters set out below:

|  |
| --- |
| Click or tap here to enter text. |

I deny that the request was made

I oppose the Application for the following reasons:

|  |
| --- |
| Click or tap here to enter text. |

I agree to the improvement(s) being carried out subject to the following conditions:

|  |
| --- |
| Click or tap here to enter text. |

# Section 5 – Statement of Truth

**I believe (the Respondent believes) that the facts stated in this document are true.**

I am duly authorised by the Respondent to sign this statement

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Name of Respondent’s Solicitor/Agents firm, if applicable | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |
| Signature | Click or tap here to enter text. |