

# Application to Appeal the Decision from an Adjudication

The Tribunal Section  
Residential Tenancies Board  
PO Box 47  
Clonakilty  
Co Cork

Tel: 0818 30 30 37 or 01 702 8100  
Fax: 0818 30 30 39

E-mail: [tribunals@rtb.ie](mailto:tribunals@rtb.ie)  
Website: [www.rtb.ie](http://www.rtb.ie)

## Please read carefully before completing this form.

1. An appeal to a Tribunal must be made within the time period calculations set out below.  
These are in accordance with Sections 100 and 97 of the RTA 2004.

2. **Calculation of the appeal period**

### Adjudication

The date the adjudication report is delivered to your address is deemed to be day 1 of the 10 working day appeal period. An appeal of the adjudicator's decision must be signed, dated and either emailed, posted or hand delivered to the RTB **on or within 10 working days**. Where an appeal form arrives after day 10, a certificate of postage will have to be provided proving it was posted before day 10.

The RTB utilise An Post's Track and Trace service to determine the date the report was delivered to parties. The onus is on parties to ensure the appeal application, including the fee, is received by the RTB within the permitted period. Please note that the RTB will only grant a late appeal in exceptional circumstances with supporting evidence.

3. Pages 2 - 4 (Sections 2, 3 & 4) can be photocopied as required if more than two appellants are completing this form.

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## Insert case reference number

Dispute Reference **DR**

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## RTB OFFICE STAMP

(DATE RECEIVED)

## 2 - Details of person making the appeal (Appellant): *(Please use CAPITAL LETTERS)*

Mr. ☐ Mrs. ☐ Ms. ☐

(insert TICK in appropriate box)

First Name

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If a Company insert Company Name (ensure the full and correct Company Name is inserted)

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PPSN (*Personal Public Service Number*) **OR** CRO (*Company Registration Number*):

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RTB AHB Reference Number (*if appellant is an Approved Housing Body landlord*):

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### 3 - Details of additional person making the appeal: *(Please use CAPITAL LETTERS)*

Mr. ☐ Mrs. ☐ Ms. ☐

(insert TICK in appropriate box)

First Name

Surname

If a Company insert Company Name (ensure the full and correct Company Name is inserted)

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Address

Eircode

Telephone No.

Mobile

Email

PPSN (Personal Public Service Number) **OR** CRO (Company Registration Number):

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RTB AHB Reference Number (if appellant is an Approved Housing Body landlord):

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## 4 - Agent / Receiver / Representative Details (if there is one):

(Please use CAPITAL LETTERS)

Mr. ☐ Mrs. ☐ Ms. ☐

(insert TICK in appropriate box)

First Name

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## 5 - Please indicate if you are Tenant(s), Landlord(s), Agent / Representative or Third Party

(insert TICK in appropriate box and insert details at relevant sections below)

|                             |                          |                     |                          |                        |                          |
|-----------------------------|--------------------------|---------------------|--------------------------|------------------------|--------------------------|
| Tenant(s)                   | <input type="checkbox"/> | Private Landlord(s) | <input type="checkbox"/> | Third Party            | <input type="checkbox"/> |
| Approved Housing Body (AHB) | <input type="checkbox"/> | Receiver            | <input type="checkbox"/> | Agent / Representative | <input type="checkbox"/> |

I confirm I have the authority to act on behalf of the applicant(s) and my clients have full knowledge of an application being made on their behalf ☐

## 6 - Language and / or special requirements / accessibility requests for the day of the hearing

Do you require an interpreter/translator? **Yes** ☐ **No** ☐ (insert TICK in appropriate box)

If **Yes**, please state what language:

Do you have any special requirements/accessibility requests for the day of the hearing?

## 7 - Please indicate below the Dispute Type that was recorded on the original dispute application

(insert TICK in appropriate box)

Please note any new Dispute Type should be brought forward in a new dispute application

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| <b>Rent Arrears</b>   | <input type="checkbox"/> | <b>Unlawful Termination of Tenancy</b> (illegal eviction) | <input type="checkbox"/> |
| <b>Overholding</b> (where a tenant did not vacate after valid Notice of Termination)                        | <input type="checkbox"/> | <b>Deposit retention</b>                                  | <input type="checkbox"/> |
| <b>Damage in excess of normal wear and tear</b>   | <input type="checkbox"/> | <b>Standard and maintenance of dwelling</b>               | <input type="checkbox"/> |
| <b>Breach of Fixed Term Lease</b>   | <input type="checkbox"/> | <b>Breach of Landlord obligations</b>                     | <input type="checkbox"/> |
| <b>Anti-Social Behaviour</b>  | <input type="checkbox"/> | <b>Other</b>  | <input type="checkbox"/> |
| <b>Breach of Tenant obligations</b>   | <input type="checkbox"/> | <b>Rent more than market rate</b>                         | <input type="checkbox"/> |
| <b>Validity of notice of termination</b> (if you are disputing the validity of a termination notice issued) | <input type="checkbox"/> | <b>Validity of notice of rent review</b>                  | <input type="checkbox"/> |
|   |                          | <b>Rent review not in line with rent pressure zone</b>    | <input type="checkbox"/> |

**8 - Has this tenancy been the subject of a previous dispute with the RTB?**

**Yes** ☐ **No** ☐ (insert TICK in appropriate box)

If **Yes**, please give previous dispute reference number **DR**

Rented Dwelling  
Address

[illegible]

## Eircode

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**9 - Please state the grounds for your appeal:** *(Please use CAPITAL LETTERS)*

## 9 - Please state the grounds for your appeal: *(continued)*

**Please submit any relevant document(s) in your possession in support of your appeal. If you have already submitted these for your dispute case there is no need to re-submit, however, you need to make reference to them at the Tribunal.**

## 10 - Signature of Appellant(s) or Representative(s) (with authority)

Print Name

Signature

Date

 /  / 

Print Name

Signature

Date

 /  / 

Print Name

Signature

Date

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## 11 - Please indicate how you are paying the application fee of €85

(insert TICK in appropriate box)

Cheque (*made payable to RTB*) ☐

Postal Order ☐

Bank Draft ☐

Credit/Debit Card ☐

Due to the implementation of the EU Payment Services Directive (PSD2) and the additional checks that are required to authenticate credit / debit card payments, the RTB is unable to accept written credit / debit card details on applications. Should you wish to pay by card, please tick here and an agent will call you to take payment over the phone. ☐

For security purposes, the RTB cannot accept payment by cash.

**Note:** Please attach payment to this form.



## Return of Application Form:

Your completed appeal form and fee should be addressed to:

**The Tribunal Section**  
**Residential Tenancies Board**  
**PO Box 47**  
**Clonakilty**  
**Co. Cork**

Or can be emailed to **tribunals@rtb.ie**

## Checklist:

Have you filled in the following information:

- ☐ Your own details
- ☐ The details of any additional person making the appeal
- ☐ The details of your Representative/Receiver/Agent (if appropriate)
- ☐ Details of the dispute on page 5 (dispute type, etc.)
- ☐ Grounds for the appeal
- ☐ Signed the application
- ☐ Included payment – cheque / postal order / bank draft

**Please note that it is an offence to knowingly or recklessly furnish false or misleading information to the RTB. If found guilty a person shall be liable on summary conviction to a fine of up to €4,000 or, a term of imprisonment of up to six months, or both.**