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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PARISH OF | |  | | | | | | | | |
| Local Government Finance Act 1992  **PRECEPT UPON CHARGING AUTHORITY**  To **BABERGH DISTRICT COUNCIL** being the Relevant Charging Authority for the above Parish. | | | | | | | | | | |
| **YOU ARE HEREBY DIRECTED** to pay to (Name of bank) | | | | | | |  | | | |
| (Account No) | |  | | | | (Sort Code) | | | |  |
| (Being the Bankers of the Parish Council/Meeting of the above-named Parish) | | | | | | | | | | |
| at (Address of Bank) | | |  | | | | | | | |
|  | | | | | | Postcode | | |  | |
| the sum of (amount in words) | | | |  | | | | | | |
|  | | | | | | | | (£ amount in figures) | | |
| TO BE PAID IN TWO EQUAL INSTALMENTS, EITHER:- | | | | | | | |  |  | |
| \* | 1. 1ST INSTALMENT OF £ | | | | TO BE PAID NO LATER THAN: 30 APRIL 2024 | | | | | |
|  | 2ND INSTALMENT OF £ | | | | TO BE PAID NO LATER THAN: 30 SEPTEMBER 2024 | | | | | |
| **OR** If this form is not returned by 31 March 2024 | | | | | | | | | | |
| \* | 1. 1st instalment within 1 month, and 2nd instalment within 6 months of the receipt of this form by the District Council | | | | | | | | | |
| Being the Parish Council/Meeting’s **total precept requirement** for the financial year commencing 1 April 2024 from the **BABERGH DISTRICT COUNCIL** Collection Fund to meet the expenses payable by the Parish Council/Meeting under the Local Government Acts. | | | | | | | | | | |
| SIGNED at a meeting of the Parish Council/Meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Presiding Chairman SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  Member of the Parish Council/Meeting SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COUNTERSIGNED (Clerk to the Parish Council/Meeting) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PLEASE RETURN SCANNED FORMS TO :** [Precept@baberghmidsuffolk.gov.uk](mailto:Precept@baberghmidsuffolk.gov.uk)  **ALTERNATIVELY:** FINANCIAL SERVICES, BABERGH AND MID SUFFOLK DISTRICT COUNCILS,  ENDEAVOUR HOUSE, 8 RUSSELL ROAD, IPSWICH, IP1 2BX BY **31 JANUARY 2024** | | | | | | | | | | |
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