

Precept Form

SKIDBROOKE CUI	Y SALTFLEE	T MAVEN	Parish / Louncil
To: Chief Financial Officer, East Lin	dsey District Counc	il	
The above Parish / Town Council require	es you to levy in respe	ct of the year beginning	1
on the 1st day of April 2024 the	precept specified belo	W.	
The precept to be levied for Parish / Town of the said Parish / Town.		levant number of charge	eable dwellings
Amount of Precept Payable	8,000	p	
For your information, the new year Tax The Amount of Precept Payable (as provid Tax that will be payable in your area for a	led above), divided by t	Process and the contract of th	e additional amount of Council
You are directed to pay to Name:	SKIPBROOKE	WITH SAC	TFLEET MAVEN PO
Full address:			
Please confirm your Parish / Town Cour	cil bank details		
Account Name:	SKIDBROOK	E WITH SAL	ITFLEET MAVEN P.
Sort Code:		Account P	No.
Bank:	COOPERF	ITIVE BAI	VK
Bank Address:	27 Sou	GRIMSB- N.E. E.	
The above precept was authorised at a	meeting of the Parish	T	Negative content of the present of t
Signed:		positione	o sanuary cocy
Name: GUT WILLII	AMS	Designation: CHI	AIRMAN.

Your information will be processed in accordance with the law, in particular the Data Protection Act 1998. The information that you provide will only be used for Council purposes unless there is a legal authority to do otherwise.