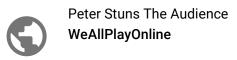


Parish / Town Of: \*



**LEARN** 

## **District Precept Form**

Use this form to notify the District Council of the Parish/Town precept requirements.

## Precept Upon West Devon Borough Council

## **Year Commencing 1st April 2019**

Sydenham Damerel Parish	<b>~</b>
To WEST DEVON BOROUGH COUNCIL being the Council of the District in which the above named parish is situated.	
YOU ARE HEREBY DIRECTED to pay to THE PARISH Council's bank account	

TSB Bank plc

branch name: \*

Tavistock (309846)

sort code: \*

bank name: \*

30-98-46 account no: \* 00246926 the sum of £1800 in respect of the Parish Council precept for the year commencing 1st April 2019. [Please ensure that this figure agrees with (B) below] Authorised at a meeting of the Parish Council held on: Date: \* 17/01/2019 **Meeting minute reference (If Applicable)** 7 iv) Chairman of the Meeting: \* B V W Isaacs Clerk: \* M Forster

## **MEMORANDUM**

The amount required by this Parish for the financial year commencing 1st April 2019 is £1813. (A)

This is made up of a precept requirement of: (£) (B)

1800		
and a Counci	l Tax Support Grant for 2019/2020 of: (£) (C)	
13		
NOTE: (A) sho	ould equal (B) + (C)	
Confirmat	ion:	
Confirm: *		
Sydenham [	Damerel Parish	<b>~</b> ]
	the PIN number you were given. This is to prove that this nission came from you.	
PIN: *		
Confirm PIN:	*	
Please enter sent to this a	your email address. A copy of this Precept submission will be	)
Email Addres	ss: *	
clerk@syder	nham-damerel.org.uk	
Submit		