

PARISH OF \_\_\_\_\_

Local Government Finance Act 1992

**PRECEPT UPON CHARGING AUTHORITY**

To **MID SUFFOLK 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:

\* (A) 1<sup>ST</sup> INSTALMENT OF £ TO BE PAID NO LATER THAN: 30 APRIL 2025

2<sup>ND</sup> INSTALMENT OF £ TO BE PAID NO LATER THAN: 30 SEPTEMBER 2025

**OR** If this form is not returned by 31 March 2025

\* (B) 1<sup>st</sup> instalment within 1 month, and 2<sup>nd</sup> 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 2025 from the **MID SUFFOLK 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 2025**