

Countersigned: Clerk of the Council

Precept upon the Charging Authority

	_	_			
INAL CLAIM FROM THE F	ARISH OF:	SPRIN	GTHOR	RE	
o the District of West Lindsey, be					
uthority for the said District. You rected to pay to (bank account n		TSB (BANK	Plc	
Idress Po Box 3	73, LS	14 9	CG		
		Treasurer of t	he Parish Cou	ncil of the abo	ive-named Pi
The sums mentioned from the Collection Fund of the said Charging Authority of: On the following date:		BUDGET REQUIREMENT £) 770 =			
		01 April	2023		
	8 BAN 8x 373				
	ex 373,				
Bank Sort Code REDACTE	D Ba	nk Account mber;	R	EDACTE	
Bank Account Name: SPRING T	HORPE F	ARISH	MEET	1009	
IMPORTANT: - Accounts must be e.g. NOT the Bank Account of				er body's acc	count
Signed at a meeting of th	e Parish Cou	ncil:			0
this: 22 de	ay of:	octob	ER	20	73
Presiding Chairman:					
Two Members		RED	ACTED		
of the the Council					

TO BE RETURNED BY Friday 27th January 2023 to Bethany Knight@west-lindsey.gov.uk