



**BOROUGH OF SPELTHORNE**

Date left/sent to property:

Left by/sent by:

**THE OCCUPIER**

Cashiers & Other Revenues  
Borough of Spelthorne  
P O Box 290  
Staines  
Middlesex  
TW18 1UX

Tel: (01784) 446285  
(01784) 446489  
(01784) 446434

**BUSINESS RATE**

This form has been sent to you as it is believed that this property is occupied. As the occupier, you have a duty to complete and return the form immediately so that your rate liability can be determined. If the form is not returned within 14 days, a demand for the full rate will be made from the date that the property was last occupied.

1. NAME OF OCCUPIER (*BLOCK LETTERS*) (UNDERLINE SURNAME IF APPLICABLE)

.....MR./MRS./MISS/MS

2. REGISTERED OFFICE (LTD COMPANIES) OR HOME ADDRESS OF SOLE TRADER/PARTNERSHIP:

Postcode: .....

3. (i) DATE FURNITURE/EQUIPMENT PLACED IN PREMISES .....

(ii) DATE OF COMPLETION OF SALE OR LEASE .....

4. NAME AND ADDRESS OF PERSON *OTHER* THAN THE OCCUPIER RESPONSIBLE FOR RATES  
(*IF APPLICABLE*)

State whether  
landlord/owner/other  
(please delete as applicable)

5. NAME, ADDRESS AND REFERENCE OF SOLICITOR WHO ACTED IN PURCHASE OF THE PROPERTY

6. MONTHLY INSTALMENTS - *Please tick preferred option*

1. DIRECT DEBIT - 1st MONTHLY  15th MONTHLY

2. BACS/STANDING ORDER/OTHER PAY METHOD (NO BOOKLET ISSUED)

SIGNATURE ..... (OCCUPIER) DATE ..... 19

**OFFICE USE ONLY**

System Updated ..... Forms issued .....

Initials ..... Date .....