

Spelthorne Borough Council
Council Tax Office
PO Box 291
Staines-upon-Thames
TW18 1UY

Business Rates enquiry form

Date:
Telephone: 01784 451499



Business Rates reference number

Dear Sir/Madam

This form has been sent to you as it is believed 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.

Name and address of Solicitors who acted in the purchase of the property OR		
Owner's name and address if renting/leasing property		
Full name of occupiers or company, partnership trading account etc. Please confirm your legal interest in the property e.g. freeholder, leaseholder, tenant, resident:		
Name	Occupation date	Legal Interest
Registered office:		
Correspondence Address:		

DECLARATION

I declare that the information on this form is to the best of my knowledge true and accurate.

Signed	Date
Name:	

Please continue on the reverse of this form.

Revenues	
Customer Services: 01784 451499	Main fax: 01784 463356
email: nndr@spelthorne.gov.uk	

Have you moved from a previous address within the Borough? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, previous address:	
Were you responsible for Business Rates there? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What was your previous Business Rates Reference Number?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of new owner / tenant responsible:	

What is your preferred payment method?	
<input type="checkbox"/> 1. Direct Debit (Tick box)	<input type="checkbox"/> 1 st <input type="checkbox"/> 8 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th
<input type="checkbox"/> 2. Post Office or payment outlet	Account Name
<input type="checkbox"/> 3. Internet banking	Account Number
	Sort Code
Do you require information on further reductions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> 1. Small Business Rate Relief <input type="checkbox"/> 2. E-billing	Your email address: