



MS

c: Communit

10 DOWNING STREET

LONDON SW1A 2AA

From the Private Secretary

16 October 1989

cc Gray

COMMUNITY CHARGE REGISTRATION

We spoke on the telephone last week about the return of the community charge registration form relating to the Prime Minister's flat at 10 Downing Street (property ref. C7455211000017). You said that you could find no trace of a completed form having been returned. I explained that the Prime Minister had completed the form in June and I recalled it having been sent off. You went on to explain, however, that given these developments it would be acceptable if you could obtain a photocopy of the original form.

I have now obtained such a copy from the Prime Minister's records which is attached to this letter. You kindly agreed to call at 10 Downing Street tomorrow to collect this form. I should be grateful if you could let me have formal confirmation that the form has been received and is being processed.

Paul Gray

Ms Sheehy



COMMUNITY CHARGE REGISTRATION FORM

David J. Hopkins
Community Charge Registration Officer
P.O. Box 250
London SW1V 1TX
Telephone:

REFERENCE
C7455211000017

To The Owner/Occupier or:
2ND FLOOR
10 DOWNING STREET
LONDON
SW1A 2AA

Date of Issue
15/6/89

To be returned by:
19/7/89

Please read the accompanying notes carefully before you complete this form. If you require advice or help you may telephone between 9.00am to 5.00pm MONDAY TO FRIDAY. Please complete PARTS 1 to 8 where appropriate, using CAPITAL LETTERS sign the DECLARATION at the end of this form before returning it in the envelope provided.

PART 1 THE PROPERTY TO BE REGISTERED

LIVING ACCOMODATION
2ND FLOOR
10 DOWNING STREET
LONDON SW1A 2AA

Property Reference
C7455211000017

Description
HOUSE, EXCLUDING 3RD FLOOR

If any of the information shown in this form is incorrect for example the description is a house and you occupy a flat please tick this box and give details in PART 8 overleaf.

PART 2 RESIDENTS If no one lives at the property write NONE and go to PART 3 or 4

- yourself and everyone else over the age of 16 years.
- anyone who normally lives with you but is temporarily absent ie. in hospital, or on holiday.
- lodgers and long term guests.
- for business properties any resident staff.

If anyone may be entitled to exemptions or rebate tick the box and information will be sent at a later date.

You do not have to give the information asked for in the shaded areas, but it would be helpful

| SURNAME | TITLE MR/MRS/MISS/ETC | FORENAMES (In full) | FOR 16/17 YEAR OLDS DATE OF BIRTH | | | NOTE 9 IS THIS THEIR ONLY HOME? YES/NO | NOTE 13 FULL TIME STUDENT | NOTE 14 EXEMPTION A to H | NOTE 16 WISHING TO CLAIM REBATE | FOR OFFICE USE |
|----------|--------------------------|---------------------|--------------------------------------|-------|------|---|------------------------------------|--------------------------------|---|----------------------|
| | | | DAY | MONTH | YEAR | | | | | |
| THATCHER | Mrs. | MARGARET HILDA | | | | No | | | | |
| THATCHER | MR. | DENIS | | | | | | | | |
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If you need more space please use a separate sheet of paper and fix it securely to this form.
PLEASE TICK THIS BOX IF MOST OF THE PEOPLE IN THE PROPERTY ARE SHORT TERM RESIDENTS ie BED & BREAKFAST. SEE NOTE 12

If you have answered 'NONE' in PART 2 you must complete either PART 3 OR PART 4.

PART 3

VACANT PROPERTY

| CONNECTION WITH PROPERTY | SURNAME OR COMPANY NAME | TITLE MR/MRS/MISS/ETC | FORENAMES | FOR OFFICE USE | WHAT IS THE PROPERTY USED FOR? BUSINESS LET/LODGING/HOLIDAY HOME/SECOND HOME | ADDRESS FOR CORRESPONDENCE PLEASE INCLUDE YOUR POST CODE |
|-------------------------------------|-------------------------|-----------------------|-----------|----------------|--|--|
| OWNER <input type="checkbox"/> | | | | | | |
| TENANT <input type="checkbox"/> | | | | | | |
| SUB-TENANT <input type="checkbox"/> | | | | | | |

PART 4

SECOND HOMES - HOLIDAY HOMES - COMPANY FLATS, ETC.

| CONNECTION WITH PROPERTY | SURNAME OR COMPANY NAME | TITLE MR/MRS/MISS/ETC | FORENAMES | FOR OFFICE USE | WHAT IS THE PROPERTY USED FOR? BUSINESS LET/LODGING/HOLIDAY HOME/SECOND HOME | ADDRESS FOR CORRESPONDENCE PLEASE INCLUDE YOUR POST CODE |
|-------------------------------------|-------------------------|-----------------------|-----------|----------------|--|--|
| OWNER <input type="checkbox"/> | | | | | | |
| TENANT <input type="checkbox"/> | | | | | | |
| SUB-TENANT <input type="checkbox"/> | | | | | | |

HOW MANY MONTHS DO YOU SPEND IN THE PROPERTY DESCRIBED IN PART 1 EACH YEAR?

12

PART 5

CHANGES

If you think that the information you have given will change before April 1990, for example, you think you or anyone listed will be moving, or someone may be starting or finishing a full-time course of education, please tick the box and a new form will be sent to you.

PART 6

ADDITIONAL INFORMATION

Is any domestic part of this property, for example, a separate flat, bedsit, annex or company flat either not included on this form or occupied by anyone else not listed on this form.

Please tick

YES

NO

| | | |
|----------------------|--|---|
| If YES which parts.? | The name of the person to contact (if known) | THE REGISTRATION OFFICER WILL SEND A SEPARATE CANVASS FORM TO THAT ADDRESS FOR COMPLETION |
| | | |

PART 7

DECLARATION

THIS MUST BE COMPLETED AND SIGNED.

I accept responsibility for making this return and declare that the information given is complete and accurate to the best of my knowledge and belief.

I am the: Please tick

OWNER

Signature

Name - Block capitals

Date

TENANT

Margaret H Thatcher

MARGARET H. THATCHER

28/6/89

SUB-TENANT

PART 8

AMENDED DETAILS

If any details are incorrect at PART 1 please enter the correct information in this box.

COMPLETING THIS FORM DOES NOT MEAN THAT YOU WILL HAVE TO PAY COMMUNITY CHARGE FOR EVERYONE IN THE PROPERTY. SEE NOTE 29. Further forms will be sent to you unless otherwise requested. This form is a request for information to enable me to compile and maintain a community charges register.

[Signature]