



Please Telephone: 01-537-2520

Date: 22/05/89

Ref. DOMESTIC /C2902010019996/ 01 037887

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

ROOMS 1ST FLOOR
10 DOWNING STREET
LONDON W1 9MN

COMMUNITY CHARGE REGISTRATION

Dear RESIDENT/OWNER

My records show that the Community Charge Registration form recently sent to you has not been returned.

I wish to advise that you are required by law to supply the relevant information within 21 days of this request and that failure to do so may lead to a penalty being imposed.

I am enclosing a further registration form in the event that the original has been mislaid and this must be returned to me by the date shown on it. If you have returned the original registration form within the last 5 days, please ignore this notice.

If you require advice or assistance in completing the form, please telephone the number shown above.

Yours faithfully,

D.J. Hopkins
Community Charge
Registration Officer.

ENC.



Community Charge Registration

Additional Guidance Notes.

To minimise cost a standard canvass form has been used for all properties in the City. Unfortunately this may have caused some confusion. If you have not sent your form back because you are uncertain how to complete it, the following information may be of help.

Commercial Premises.

As many commercial premises in the City have residents or contain residential units it is essential to canvass all commercial premises.

If your property is used for commercial purposes only, you should write "NONE" in Part 2 of this form, and "BUSINESS USE ONLY" in Part 4. If, however, the property is partly residential, Part 2 should be filled in and Part 3 or Part 4 completed as appropriate. In all cases the declaration in Part 7 should then be signed and the form returned in the envelope provided.

Second Homes.

The canvass form relates only to the property shown in Part 1 of the form. If you are resident at the property you must complete Part 2, but if it is not your only home you should also write "NO" in the appropriate column in Part 2.

If you are not resident at the property shown in Part 1 but it is a second home write "NONE" in Part 2 and complete Part 3 or Part 4 as appropriate. You are only required at this stage to give details in respect of the property shown in Part 1.

The Community Charge Registration Officer may at a later date ask you for further details in respect of any premises in which you reside, own or have a tenure.

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?

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. YES NO Please tick

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.

Signature: *Margaret Thatcher* Name - Block capitals: MARGARET THATCHER Date: 2 June 1989

I am the: OWNER TENANT SUB-TENANT Please tick

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. The Local Government Finance Act 1988. This form is a request for information to enable me to compile and maintain a community charges register.

[Handwritten signature]



COMMUNITY CHARGE REGISTRATION FORM

David J. Hopkins
Community Charge Registration Officer
P.O. Box 250
London SW1V 1TX
0 37887 Telephone: 01-537-2520

REFERENCE
DOMESTIC / C2902010019996/01

To The Owner/Occupier or:
ROOMS 1ST FLOOR
10 DOWNING STREET
LONDON W1 9MN

WARNING
Failure to return this form or giving false information could lead to civil penalties being imposed and to prosecution.

Date of Issue
22/05/89

To be returned by:
14/06/89

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

ROOMS 1ST FLOOR
10 DOWNING STREET
LONDON W1 9MN

Property Reference
C 290 20 10019996

Description

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

- Include - 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	MR.	DENIS				NO				
THATCHER	MRS.	MARGARET HILDA				NO				

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