



Working in partnership with the North Kesteven Council

Mr and Mrs A.N.Other  
1 XXX Street  
Lincoln  
LN? ?NX **2**

Revenues & Benefits  
PO BOX 1257,  
Lincoln **4**  
LN5 5PQ  
Email: [counciltax@lincoln.gov.uk](mailto:counciltax@lincoln.gov.uk)  
Website: [www.lincoln.gov.uk](http://www.lincoln.gov.uk)  
Telephone: (01522) 873355  
Minicom: (01522) 873693 **5**  
Date: DD-MMM-YYY.  
Reference Number: REF NO. **6**

This bill has been created because of: **7**

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The address of the property giving rise to this charge (if different) is:

**8**

How the Tax is arrived at for this property	% Change	AMOUNT £
Valuation Band: A <b>9</b>		
Property Reference: <b>10</b>		
	Lincolnshire County Council	
	City of Lincoln Council	<b>11</b>
	Lincs Cc Adult Social Care*	
	Police Commissioner	
*The council tax attributable to Lincolnshire County Council includes a precept to fund adult social care	<b>TOTAL CHARGE :</b>	<b>12</b>

Charge for Period Band A:	1 <sup>ST</sup> APR 2021	31 MAR 2022	£1277.24
Single Person Discount	1 <sup>ST</sup> APR 2021	31 MAR 2022	- £319.31
	<b>13</b>		

Register to pay this bill by direct debit at  
[www.lincoln.gov.uk/ctdirectdebit](http://www.lincoln.gov.uk/ctdirectdebit)

**AMOUNT PAYABLE**

£957.93 **14**

**15** If your bill is being reduced by a discount, exemption or reduction, or increased by a Premium and your Circumstances change which might affect the amount of the reduction or increase, you must tell the Council about the change within 21 days or you might incur a penalty of £70. In some circumstances you might be prosecuted for failing to report the change.

**WHEN AND WHAT TO PAY:**

<b>INSTALMENTS TO BE PAID BY : DIRECT DEBIT on 1<sup>st</sup> (10 Monthly)</b>	<b>16</b>
Message	<b>17</b>
<b>Instalment plan</b>	<b>18</b>