SCR

## Street Collection Return Form



Please complete this editable and saveable PDF form preferably electronically and email to <u>licensing@reigate-banstead.gov.uk</u> when completed.

Name of person to whom the permit was granted:
Address of person to whom the permit was granted:
Name of the charity or fund which is to benefit:
Date of collection:

Note: If entries are Nil please mark as Nil below, please do not leave blank.

Proceeds of collection	Amount	Total	Expenses and Application of Proceeds	Amount	Total
From collecting boxes			Printing and Stationary		
			Postage		
			Advertising		
			Collecting boxes		
Interest on proceeds			Badges		
			Emblems		
			Other items:		
			Payments approved under Regulation 15(2)		
Other items:			Disposal of balance (insert particulars)		
TOTAL		•	TOTAL		•

## **Declaration of Returner**

I certify that to proceeds, expe		•	_				ue acco	unt of the
Check box to co	onfirm and sig	gn	Da	ite comp	leted:			
Surname:			Fo	orename	(s)			
Email								
Address:								
Declaration of	Accountant							
I certify that I hat the above of the proceeds	is in my opini	ion a true a	accour	nt of the	•		•	
Check box to	confirm and s	ign	D	ate com	oleted:			
Surname:			F	orenam	e(s)			
Qualification(s	):							
Email								
Address:								
Please return to to licensing@re	igate-banstead		return	by post	to Licensin	g Officer, I		
Address: Licensing Office	r, Reigate & Ba	ınstead Boro	ough Co	ouncil, Tov	vn Hall, Ca	stlefield R	oad, Reig	gate, RH2 0SH
Email: licensing	@reigate-bans	tead.gov.uk			Telepho	<b>ne</b> 01737	276672	
Official use only	Reference No:			Checked:				