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| Section 32 - Local Government Reform Act 2014 **SECTION 11 – LOCAL GOVERNMENT RATES AND OTHER MATTERS ACT 2019** |
| **PART 1 - RELEVANT PROPERTY DETAILS** |
|  |  |  |  |  |  |  |  |  |  |
| *'****\*****' denotes a mandatory field* |
|  |  |  |  |  |  |  |  |  |  |
| \* Valuation Office Property ID Number: |   |  |  |  |
| ***or*** |  |  |  |  |  |  |  |  |  |
| \* Rate Number(s): \*  |   |  |   |
|  |   |  |   |
|  |  |  |  |  |  |  |  |  |
| \*Address of Property: |  |   |
|  |  |  |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |  |  |  |  |  |  |  |
| DED: |  |   |  |  |  |  |
| Townland: |  |   |  |  |  |  |
| Lot No:  |  |   |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **PART 2 - NATURE OF TRANSACTION (please tick one of the boxes below)** |
|  |  |  |  |  |  |  |  |  |  |
| ***Note:-*** | *Parts 1,2,3,4 and 10 of the form to be completed in all cases* |
|  | *Parts 5, 6, 7, 8, 9 to be completed based on the Nature of the Transaction* |
|  |  |  |  |  |  |  |  |  |  |
| **\* Type:** |  |  |  |  |  |  |  |  |  |
| Sale: |  |   | Please complete Parts 3, 4 and 5  |
| Lease: |  |   | Please complete Parts 3, 4 and 6 |
| Sublet: |  |   | Please complete Parts 3, 4 and 6 |
| Licence: |  |   | Please complete Parts 3, 4 and 6 |
| Receivership: |   | Please complete Parts 3, 4 and 7 |
| Liquidation: |   | Please complete Parts 3, 4 and 7 |
| Other (Please State):  |   | Please complete Parts 3, 4 and 8 *or* 9 |
|  |  |  |  |  |  |  |  |  |
| \* Date of Transaction: |  |  | / |  |  | / |  |  |  |  | (dd/mm/yyyy) |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **If Lease/Sublet/Licence:** |  |  |  |  |  |  |  |
| \* Period from: |   |  | / |  |  | / |  |  |  |  |  (dd/mm/yyyy) |  |  |  |
| \* Period To: |  |   |  | / |  |  | / |  |  |  |  | (dd/mm/yyyy) |  |  |  |
|  |  |   |   |  |  |  |  |  |

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| **PART 1 - RELEVANT PROPERTY DETAILS** |
|  |  |  |  |  |  |  |  |  |  |
| *'****\*****' denotes a mandatory field* |
|  |  |  |  |  |  |  |  |  |  |
| \* Valuation Office Property ID Number: |  |  |  |  |
| ***or*** |  |  |  |  |  |  |  |  |  |
| \* Rate Number(s):  |   |  |   |
|  |   |  |   |
|  |  |  |  |  |  |  |  |  |
| \*Address of Property: |  |   |
|  |  |  |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |  |  |  |  |  |  |  |
| DED: |  |   |  |  |  |  |
| Townland: |  |   |  |  |  |  |
| Lot No:  |  |   |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **PART 2 - NATURE OF TRANSACTION (please tick one of the boxes below)** |
|  |  |  |  |  |  |  |  |  |  |
| ***Note:-*** | *Parts 1,2,3,4 and 10 of the form to be completed in all cases* |
|  | *Parts 5, 6, 7, 8, 9 to be completed based on the Nature of the Transaction* |
|  |  |  |  |  |  |  |  |  |  |
| **\* Type:** |  |  |  |  |  |  |  |  |  |
| Sale: |  |   | Please complete Parts 3, 4 and 5  |
| Lease: |  |   | Please complete Parts 3, 4 and 6 |
| Sublet: |  |   | Please complete Parts 3, 4 and 6 |
| Licence: |  |   | Please complete Parts 3, 4 and 6 |
| Receivership: |   | Please complete Parts 3, 4 and 7 |
| Liquidation: |   | Please complete Parts 3, 4 and 7 |
| Other (Please State):  |   | Please complete Parts 3, 4 and 8 *or* 9 |
|  |  |  |  |  |  |  |  |  |
| \* Date of Transaction: |  |  | / |  |  | / |  |  |  |  | (dd/mm/yyyy) |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **If Lease/Sublet/Licence:** |  |  |  |  |  |  |  |
| \* Period from: |   |  | / |  |  | / |  |  |  |  |  (dd/mm/yyyy) |  |  |  |
| \* Period To: |  |   |  | / |  |  | / |  |  |  |  | (dd/mm/yyyy) |  |  |  |
|  |  |   |   |  |  |  |  |  |

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| **PART 3 - CURRENT OWNER DETAILS** |
| **(Prior to the date of transaction (Vendor/Lessor) and person submitting the notice of assignment)** |
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\* Legal Name:  |
|  |  |  |  |  |  |  |  |  |  |
| \* Trading Name: |   |
| (If different from Legal Name) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| \*Correspondence Address:  |   |
| (if different from address of property (Part1) |   |
|   |
|  |   |
|  |   |
|  |  |  |  |  |  |  |  |
| \* PPSN or Tax Number: |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***or*** |  |  |  |   |  |  |  |  |  |
| \* Company Registered No: |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| \* Telephone: |   |
|  |  |  |  |  |  |  |  |
| \* Mobile: |    |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| \* Email: |   |
|  |  |  |  |  |  |  |  |
| \* Contact Name: |   |  |  |  |  |
|  |  |  |  |  |  |  |  |
| \* Position: |   |  |  |  |  |
|  |  |  |  |  |  |  |  |

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| **PART 4 - CURRENT OCCUPIER'S DETAILS, ONLY IF DIFFERENT TO PART 3** |
| **(Prior to the date of transaction)** |
|  |  |  |  |  |
| \* Legal Name: |   |
|  |  |
| \* Trading Name: |   |
|  (If different from Legal Name) |  |
| \* Correspondence Address:  |   |
| (If different from address of property (Part1) |  |   |
|  |   |
|  |   |
|  |  |  |   |
|  |  |  |   |   |   |
| \*PPSN or Tax Number: |   |  |  |  |  |  |  |  |  |  |
| ***or*** |  |  |  |  |  |
| \*Company Registered No: |   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| \* Telephone: |  |  |   |  |
|  |  |  |  |  |  |
| \* Mobile: |  |  |   |  |
|  |  |  |  |  |  |  |  |  |  |
| \* Email: |  |  |   |
|  |  |  |  |  |  |
| \* Contact Name: |  |   |  |  |
|  |  |  |  |  |  |  |  |
| \* Position: |  |  |   |  |  |
|  |  |  |  |  |  |  |  |
| \* Period of Occupation:  | \* Date of Commencement |  | \* Date of Departure |
|  |   |  | / |  |  | / |  |  |  |  |  |   |  | / |  |  | / |  |  |  |  |
|  |  |  |  |  |  |  |
| \*Forwarding Address: |   |
|  |   |
|  |   |
|  |   |

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|  **PART 5 - NEW OWNER DETAILS (IF PROPERTY SOLD)** |
|  |  |  |  |  |  |  |  |  |  |
| **\* Type:**  | *(Tick appropriate Box)* |  |  |
|  Owner |   |  |  |  |
|  Occupier |   |  |  |  |
|  Both |   |  |  |  |
|  |  |  |  |  |
| \* Legal Name: |   |
|  |  |  |  |  |  |  |  |  |
| \* Trading Name: |  |
| (If different from Legal Name) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Correspondence Address: |  |
| (If different from address of property (Part1) |   |
|   |
|   |
|  |  |
|  |  |  |   |   |   |   |   |   |   |
| \* PPSN or Tax Number: |   |  |  |  |  |  |  |  |  |  |
|  ***Or*** |  |  |  |  |  |
| \* Company Registered No: |   |  |  |  |  |  |  |  |  |  |
|  |  |  |
| \* Telephone: |   |
|  |  |  |
| \* Mobile: |   |
|  |  |  |
| \* Email: |   |
|  |  |  |
| \* Contact Name: |   |  |
|  |  |  |  |  |  |  |  |
| \* Title/Position: |   |  |  |  |
|  |  |  |  |  |  |  |

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| **PART 6 - NEW OCCUPIER DETAILS** |
|  |  |  |  |  |  |  |  |  |  |
| \* Legal Name: |   |
|  |  |  |  |  |  |  |  |  |  |
| \* Trading Name: |   |
| (If different from Legal Name) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| \* Correspondence Address:  |   |
| (If different from address of property (Part1) |   |
|   |
|  |   |
|  |   |
|  |   |   |   |   |   |   |   |
| \* PPSN or Tax Number: |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***or*** |  |  |  |  |  |  |  |  |  |
| \* Company Registered No: |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| \* Telephone: |   |  |
|  |  |  |  |
| \* Mobile: |   |  |
|  |  |  |  |
| \* Email: |   |  |  |
|  |  |  |  |  |  |  |  |
| \* Date of Lease: |   |  | / |  |  | / |  |  |  |  | dd/mm/yyyy |  |  |
|  |  |  |  |  |  |  |  |  |
| \* Contact Name: |   |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| \* Title/Position: |   |  |  |  |  |

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\* Residential Address: (If different from correspondence Address.) |
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| **PART 7 -RECEIVER/LIQUIDATOR DETAILS** |
|  |  |  |  |  |  |  |  |  |  |
| \* Legal Name: |   |
|  |  |  |  |  |  |  |  |  |
| \*Trading Name: |   |
| (If different from Legal Name) |  |  |  |  |
|  |  |  |  |  |  |
| ( Correspondence Address:  |   |
|   |   |
|  |   |
|  |   |
|  |   |
|  |  |  |  |  |  |  |
| \* Telephone: |   |  |  |  |  |
|  |  |  |  |  |  |  |
| \* Mobile: |   |  |  |  |  |
|  |  |  |  |  |  |  |
| \* Email: |   |
|  |  |  |  |  |  |  |
| \* Date of Appointment: |   |  | / |  |  | / |  |  |  |  | dd/mm/yyyy |  |
|  |  |  |  |  |  |  |
| \* Contact Name: |   |  |  |
|  |  |  |  |  |
| \* Position: |   |
|  |  |  |  |  |
| **PART 8 - PREMISES BECOME VACANT** |
|  |  |  |  |  |  |
| \* Date Occupier left Premises: |   |  | / |  |  | / |  |  |  |  | dd/mm/yyyy |  |  |
|  |  |  |  |  |  |
| \* Premises being advertised for Lease / Let: |  | Y/N |  |
|   |  |  |
| ***or*** |  |  |  |  |  |
| \* Other: |  |   | (Supporting documentation to be attached) |
|  |  |  |
| \* Details of Auctioneer / Letting Agent: |   |
|  |  |
|  |  |

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| **PART 9 - PREMISES CLOSED FOR REDEVELOPMENT / MAJOR OVERHAUL** |
|  |  |  |  |
| \* Date Premises Closed: |   |  | / |  |  | / |  |  |  |  | dd/mm/yyyy |  |  |
|  |  |  |  |  |  |  |
| \* Planning Application Reference Number (if applicable): |  |  |  |  |
|   |  |  |  |  |
|  |  |  |  |
| \* Estimated Date of Completion: |   |  | / |  |  | / |  |  |  |  | dd/mm/yyyy  |  |  |  |
|  |  |  |  |  |  |  |
| **PART 10 - DECLARATION**  |
|  |  |  |  |  |  |
| I hereby declare and affirm that I am the owner of the above specified property and the person required to notify the Local Authority in accordance with the provisions of Section 11 of the Local Government Rates & Other Matters Act 2019. I declare that the details furnished above are true, accurate, correct and complete to the best of my knowledge and belief and I undertake to inform you of any necessary changes therein immediately in the event that I become aware of any matter which would alter this belief. I understand that I am obligated by law to pay all rates that I am liable for at the date of transfer of the property |
|
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|  |
|  |  |  |  |  |  |
| **Signed:** |   |  |  |
|  |  |  |
| **Print Name:** |   |  |  |
|  |  |  |
| **Date:** |   |  | / |  |  | / |  |  |  |  | dd/mm/yyyy |
|  |  |
|  |  |
| **Please return completed and signed form to the address below:** |  |  |  |
|  |  |  |  |  |
| Commercial Rates Department  |
| Waterford City & County Council |
| Civic Offices- Dungarvan, Co.Waterford |
| **OR** |
| Commercial Rates Department  |
| Waterford City & County Council |
| City Hall, The Mall, Waterford |