

Section 11 - Local Government Rates and Other Matters Act 2019

RELEVANT PROPERTY DETAILS

'' denotes a mandatory field*

* Tailte Éireann Property ID Number:

or

* Rate Acc Number(s):

*Address of Property:

*Eircode

NATURE OF TRANSACTION

SALE

* Date sale completed: / / (dd/mm/yyyy)

CURRENT OWNER DETAILS (Prior to the date of sale)

* Legal Name:

* Trading Name:

*Correspondence Address:

*Eircode

* Tel No.:

* Email:

* Contact Name:

Is property currently occupied/leased Yes _____ No _____

If no, please provide details of current position _____

If yes, please provide Tenant's Legal Name _____

Is tenant effected by sale Yes _____ No _____

If yes, please provide details _____

NEW OWNER DETAILS

* **Type:** (Tick appropriate Box)

Owner

Occupier

Both

* Legal Name:

* Trading Name:

(If different from Legal Name)

Correspondence Address:

*Eircode

* Tel No.:

* Email:

* Contact Name:

LEASE

CURRENT OCCUPIER DETAILS

* Legal Name:	<input type="text"/>
* Trading Name:	<input type="text"/>
* Forwarding Address:	<input type="text"/>
	<input type="text"/>
* Eircode	<input type="text"/>
* Tel No.:	<input type="text"/>
* Email:	<input type="text"/>
* Contact Name:	<input type="text"/>
* Lease/Occupation ended:	<input type="text"/>

Is there a void period between changeover Yes _____ No _____

If yes, please provide details of how rates for that period are to be addressed _____

NEW OCCUPIER'S DETAILS

* Legal Name:	<input type="text"/>
* Trading Name:	<input type="text"/>
(If different from Legal Name)	
Correspondence Address:	<input type="text"/>
	<input type="text"/>
* Eircode	<input type="text"/>
* Tel No.:	<input type="text"/>
* Email:	<input type="text"/>
* Contact Name:	<input type="text"/>

Lease Details

* Period from:

		/			/				
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 (dd/mm/yyyy)

* Period To:

		/			/				
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 (dd/mm/yyyy)

PREMISES VACANT

* Date Occupier left Premises: / / dd/mm/yyyy

* Premises being advertised for Lease / Let: Y/N

or

* Other: (e.g. redevelopment/refurbish/demolished)

* Auctioneer / Letting Agent:

Forwarding address for last occupier: _____

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 - Local Government Rates and 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

Signed:

Print Name:

Date: / / dd/mm/yyyy

Please return completed and signed form to the address below:

Rates Office
Finance Department
Dún Laoghaire Rathdown County Council
County Hall
Dun Laoghaire
Co Dublin
A96 K6C9

Direct Tel 01 205 4821 / 01 230 6621
Email: rates@dlrcoco.ie