## Limerick City & County Council Comhairle Cathrach & Chontae Luimnigh

Rates Charges Táillí Rátaí agus Uisce t: 061-556360 County Hall Halla an Chontae f: 061-556001 Dooradoyle Tuar an Daill w: www.limerick.ie

Co Limerick Chontae Luimnigh



#### Section 11 – Local Government (Rates and Other Matters) Act 2019

PART 1 – RELEVANT PROPERTY DETAILS

\*Outlined in the Local Government (Rates and Other Matters) Act 2019, (as amended) the Owner/Landlord of any rated premises must notify their Local Authority within 10 working days of any new owner/new occupier (liable person) occupying the premises. The Owner/Landlord can also nominate an Acting Agent to act on their behalf, which must be confirmed to the local authority in writing. Owner/landlords (Liable persons) who do not notify the Local Authority of these changes shall incur a financial penalty under the legislation provided above.\*

	'*' denotes a mandatory field
* Valuation Office Property ID Number:	
<pre>or * Rate Number(s): *</pre>	
Rate Number(s).	
*Address of Property:	
Address of Property.	
PART 2 - NATURE OF	TRANSACTION (please tick one of the boxes below)
<u>Note:-</u> 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: Ple	ase complete Parts 3, 4 and <u>5</u>
Lease: Ple	ase complete Parts 3, 4 and <u>6</u>
Subjet.	ase complete Parts 3, 4 and <u>6</u>
Licence:	ase complete Parts 3, 4 and <u>6</u>
Receivership:	ase complete Parts 3, 4 and <u>7</u>
Liquidation:	ase complete Parts 3, 4 and <u>7</u>
Other (Please State):	ase complete Parts 3, 4 and 8 <u>or</u> 9
* Date of Transaction:	* (dd/mm/yyyy)
* Period from:	
* Period To:	(dd/mm/yyyy) (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)

* Legal Name:	
* Trading Name: (If different from Legal Name)	
*Correspondence Address: (if different from address of property (Part1)	
* PPSN or Tax Number: <i>or</i>	
* Company Registered No:	
* Telephone:	
* Mobile:	
* Email:	
* Contact Name:	
* Position:	

# 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: Date of Departure **Date of Commencement** \* Period of Occupation: \*Forwarding Address:

### PART 5 - NEW OWNER DETAILS (IF PROPERTY SOLD)

* <u>Type:</u> (Tick appropriate I	3ox)
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:	
* Position:	

	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:	
* Contact Name:	
Contact Name.	
* Position:	

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

### PART 9 - PREMISES CLOSED FOR REDEVELOPMENT / MAJOR OVERHAUL

* Date Premises Close	d: dd/mm/yyyy
* Planning Applicatior Number (if applicable	
* Planned Date of Cor	npletion: dd/mm/yyyy
	PART 10 - DECLARATION
	ffirm that I am the owner of the above specified property and the person required to notify accordance with the provisions of Section 11 of the Local Government (Rates and Other
and belief and I under	ils furnished above are true, accurate, correct and complete to the best of my knowledge take to inform you of any necessary changes therein immediately in the event that I become 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:

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Co Limerick V94 WV78 Chontae Luimnigh V94 WV78