

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

Rates Charges  
 County Hall  
 Dooradoyle  
 Co Limerick

Táillí Rátaí agus Uisce t: 061-556360  
 Halla an Chontae f: 061-556001  
 Tuar an Daill w: www.limerick.ie  
 Chontae Luimnigh



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

\*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.\*

**PART 1 – RELEVANT PROPERTY DETAILS**

*'\*' denotes a mandatory field*

\* Valuation Office Property ID Number:

**or**

\* Rate Number(s): \*


\*Address of Property:


**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:

			/			/			
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\* (dd/mm/yyyy)

**If Lease/Sublet/Licence:**

\* Period from:

			/			/			
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(dd/mm/yyyy)

\* Period To:

			/			/			
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(dd/mm/yyyy)

**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:

*or*

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\* Company Registered No:

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\* 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**

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\*Company Registered No:

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\* Telephone:

\* Mobile:

\* Email:

\* Contact Name:

\* Position:

Date of Commencement

Date of Departure

\* Period of Occupation:

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\*Forwarding Address:


**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:

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**Or**

\* Company Registered No:

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\* 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:

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*or*

\* Company Registered No:

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\* Telephone:

\* Mobile:

\* Email:

\* Date of Lease:

			/				/			
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\* 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:

			/				/				
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\* Contact Name:

\* Position:

**PART 8 - PREMISES BECOME VACANT**

\* Date Occupier left Premises:

			/				/				
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dd/mm/yyyy

\* Premises being advertised for Lease / Let:

Y/N

**or**

\* Other:

(Supporting documentation to be attached)

\* Auctioneer / Letting Agent:

\* Planned Date of Completion: 

		/			/			
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dd/mm/yyyy