

Comhairle Chontae na Mí

Teach Buvinda, Bóthar Átha Cliath, An Uaimh,
Contae na Mí, C15 Y291

Fón: 046 – 9097000/Fax: 046 – 9097001

R-phost: customerservice@meathcoco.ie

Gréasán: www.meath.ie

Uimhir Chláraithe 00172770



Meath County Council

Buvinda House, Dublin Road, Navan,
Co. Meath, C15 Y291

Tel: 046 – 9097000/Fax: 046 – 9097001

E-mail: customerservice@meathcoco.ie

Web: www.meath.ie

Registration No: 00172770

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:	<input type="checkbox"/>	Please complete Parts 3, 4 and <u>5</u>
Lease:	<input type="checkbox"/>	Please complete Parts 3, 4 and <u>6</u>
Sublet:	<input type="checkbox"/>	Please complete Parts 3, 4 and <u>6</u>
Licence:	<input type="checkbox"/>	Please complete Parts 3, 4 and <u>6</u>
Receivership:	<input type="checkbox"/>	Please complete Parts 3, 4 and <u>7</u>
Liquidation:	<input type="checkbox"/>	Please complete Parts 3, 4 and <u>7</u>
Vacant	<input type="checkbox"/>	Please complete Parts 3, 4 and 8
Redevelopment/Overhaul	<input type="checkbox"/>	Please complete Parts 3,4 and 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)

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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:

or

* Company Registered No:

* Telephone:

* Mobile:

* Email:

* Contact Name:

* Position:

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(Prior to the date of transaction)

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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:

* Position:

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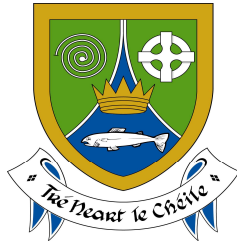
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PART 6 - NEW OCCUPIER DETAILS

* 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:

* Position:

FOR BILLING PURPOSES – Please choose one of the options below –Please note that the current occupier is legally responsible for the payment of Commercial Rates

Owner of property:

New Occupier:

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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:

				/						/						
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 dd/mm/yyyy

* 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:

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 (Supporting documentation to be attached)

* 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):

* Planned 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 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 Section,
Buvinda House,
Navan,
Co. Meath.**

The personal information (data) collected on this form, including any attachments, (which may include the collection of sensitive personal data) is collected for the purpose of processing this application and any data collected is subject to Meath County Council's privacy statement which can be found at <http://www.meath.ie/Data Protection/>