

## Section 11 - Local Government Rates and other Matters Act 2019

#### **PART 1 - RELEVANT PROPERTY DETAILS**

<u>'*' denotes a mandatory field</u>		
* Valuation Office Property ID Number:		
or * Rate\ LAID Number(s): (eg. 900001234)		
*Address of Property:		
DED: Townland: Lot No:	e found on your Commercial Rate demand)	
	- 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:		
Lease: Sublet: Licence: Receivership: Liquidation: Other (Please State):	Please complete Parts 3, 4 and 5  Please complete Parts 3, 4 and 6  Please complete Parts 3, 4 and 6  Please complete Parts 3, 4 and 6  Please complete Parts 3, 4 and 7  Please complete Parts 3, 4 and 7  Please complete Parts 3, 4 and 8 or 9	
Lease: Sublet: Licence: Receivership: Liquidation:	Please complete Parts 3, 4 and 6  Please complete Parts 3, 4 and 6  Please complete Parts 3, 4 and 6  Please complete Parts 3, 4 and 7  Please complete Parts 3, 4 and 7	

#### 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:	

# 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
*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)	
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* 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  * Common Paristand No.	
* Company Registered No:	
* Telephone:	
* Mobile:	
* Email:	
* Date of Lease:	dd/mm/yyyy
* 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:	/ / / 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)	
* Auctioneer / Letting Agent:		

PART 9 - P	REMISES CLOSED FOR REDEVELOPMENT / MAJOR OVERHAUL
* Date Premises Closed:	/ / dd/mm/yyyy
* Planning Application Reference Number (if applicable):	
* Planned Date of Completion:	:
	PART 10 - DECLARATION
	at I am the owner of the above specified property and the person required to notify the with the provisions of Section 11 of the Local Government Rates and other Matters Act
	shed above are true, accurate, correct and complete to the best of my knowledge and m you of any necessary changes therein immediately in the event that I become aware of this belief
I understand that I am obligate	ed by law to pay all rates that I am liable for at the date of transfer of the property
Signed:	
Print Name:	
Date:	
Please return completed and s	signed form to the local Collection Officer for your area:-
Carndonagh Public Service Cen	ntre, Malin Road, Carndonagh
Dungloe Public Service Centre,	Gweedore Road, Dungloe
Letterkenny Public Service Cen	ntre, Neil T Blaney Road, Letterkenny
Donegal Public Service Centre,	Drumlonagher, Donegal Town
County House, Lifford	
For enquiries:	
Tel: 074 91 53900 or Fax 074 9	91 72812
Email:- commercialrates@done	egalcoco.ie