|  |
| --- |
| **PART 1 – RELEVANT PROPERTY DETAILS** |
|  |
|  |
| Property Number : |  | *This number can be found on your Rate Bill* |
|  |
|  Address of Property : |  |  |
| (Please include the Eircode) |  |  |
|  |  |  |
|  | E | I | R | C | O | D | E |  |
|  |
| Rate Account Number : |  |  |
|  |

|  |
| --- |
| **PART 2 – NATURE OF TRANSACTION (Please tick one of the boxes below)** |
|  |
|  | **Note :-** | ***Parts 1, 2, 3, 4 and 11 of the form must be completed in all cases***  |
|  |  | ***Parts 5, 6, 7, 8, 9 and 10 to be completed based on the nature of the transaction*** |
| Type : |
|  | Sale |  | Complete Parts 3, 4 and 5 |
|  | Lease / Sublease / Licence |  | Complete Parts 3, 4 and 6 |
|  | Receivership or Liquidation |  | Complete Parts 3, 4 and 7 |
|  | Vacancy |  | Please complete Parts 3, 4 and 8 or 9 |
|  |
| **1st Day of Occupancy:** | d | d | / | m | m | / | y | y | y | y |  |
|  |
| **If Lease / Sublease / Licence :** |
| Period from: | d | d | / | m | m | / | y | y | y | y |  |
| Period to: | d | d | / | m | m | / | y | y | y | y |  |
| (Inclusive of last day): |

|  |
| --- |
| **PART 3 – CURRENT OWNER DETAILS (VENDOR / LESSOR)****(Prior to the date of transaction and person submitting the notice of assignment)** |
|  |
| Legal Name : |  |  |
|  |
| Trading Name (if different) : |  |  |
|  |
| Correspondence Address : |  |  |
|  *If different from address* |  |  |
|  *of property (Part 1)* |  |  |
|  | E | I | R | C | O | D | E |  |
|  |
| Company Registration Number /Tax Reference Number |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |
|  |
| Telephone Number : |  |  |
|  |
| Email Address : |  |  |
|  |
| Contact Name : |  |  |
|  |
| Position : |  |  |
|  |
| **PART 4 – OCCUPIER PRIOR TO TRANSACTION (IF DIFFERENT TO PART 3)** |
|  |
| Legal Name : |  |  |
|  |
| Trading Name (if different) : |  |  |
|  |
| Correspondence Address : |  |  |
|  *If different from address* |  |  |
|  *of property (Part 1)* |  |  |
|  | E | I | R | C | O | D | E |  |
|  |
| Company Registration Number /Tax Reference Number |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |
|  |
| Telephone Number : |  |  |
|  |
| Email Address : |  |  |
|  |
| Contact Name : |  |  |
|  |
| Position : |  |  |
|  |
| Period of Occupation : |
| 1st Day of Occupancy: | d | d | / | m | m | / | y | y | y | y |  |
| Last Day of Occupancy: | d | d | / | m | m | / | y | y | y | y |  |
|  |
| Forwarding Address : |  |  |
|  |  |  |
|  |  |  |
|  | E | I | R | C | O | D | E |  |
|  |

|  |
| --- |
| **PART 5 – NEW OWNER DETAILS (IF PROPERTY SOLD)** |
|  |
| Type *(Tick appropriate Box)* : | Owner |  | Owner & Occupier |  |  |
|  |
| Legal Name : |  |  |
|  |
| Trading Name (if different) : |  |  |
|  |
| Correspondence Address : |  |  |
|  *If different from address* |  |  |
|  *of property (Part 1)* |  |  |
|  | E | I | R | C | O | D | E |  |
|  |
| Company Registration Number /Tax Reference Number |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |
|  |
| Telephone Number : |  |  |
|  |
| Email Address : |  |  |
|  |
| Contact Name : |  |  |
|  |
| Position : |  |  |
|  |
| **PART 6 – NEW OCCUPIER DETAILS** |
|  |
| Type *(Tick appropriate Box)* : | Lease  |  | Sublease |  | Licence |  |  |
|  |
| Legal Name : |  |  |
|  |
| Trading Name (if different) : |  |  |
|  |
| Correspondence Address : |  |  |
|  *If different from address* |  |  |
|  *of property (Part 1)* |  |  |
|  | E | I | R | C | O | D | E |  |
|  |
| Company Registration Number /Tax Reference Number |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |
|  |
| Telephone Number : |  |  |
|  |
| Email Address : |  |  |
|  |
| 1st Day of Occupancy: | d | d | / | m | m | / | y | y | y | y |  |
|  |
| Contact Name : |  |  |
|  |
| Position : |  |  |
|  |

|  |
| --- |
| **Rates remain payable on vacant property. Where a property which was previously vacant becomes occupied the owner of the property may be entitled to a discharge of rates for the period of vacancy. Owners may complete Part 10 of this form in order to claim a discharge of rates for the period of vacancy.** **Please note, from January 2018 owners are liable for a minimum of 10% of the total commercial rates due in respect of their vacant commercial premises where their VPA is approved.** |

|  |
| --- |
| **PART 7 – RECEIVER / LIQUIDATOR DETAILS** |
|  |
| Type *(Tick appropriate Box)* : | Receivership |  |  | Liquidation |  |  |
|  |
| Legal Name : |  |  |
|  |
| Trading Name (if different) : |  |  |
|  |
| Correspondence Address : |  |  |
|  *If different from address* |  |  |
|  *of property (Part 1)* |  |  |
|  | E | I | R | C | O | D | E |  |
|  |
| Telephone Number : |  |  |
|  |
| Email Address : |  |  |
|  |
| Date of Appointment : | d | d | / | m | m | / | y | y | y | y |  |
|  |
| Contact Name : |  |  |
|  |
| Position : |  |  |
|  |
| **PART 8 – PROPERTY BECOMES VACANT** |
|  |
| 1st Day of vacancy: | d | d | / | m | m | / | y | y | y | y |  |
|  |
| Property is advertised for Lease/Let : | Yes |  | No |  |  |
|  |
| Auctioneer / Letting Agent : |  |  |
|  |

|  |
| --- |
| **PART 9 – PROPERTY VACANT FOR REDEVELOPMENT / REFURBISHMENT** |
|  |
| 1st Day of vacancy: | d | d | / | m | m | / | y | y | y | y |  |
|  |
| Planning Reference (if applicable) : |  |  |
|  |
| Planned Date of Completion : | d | d | / | m | m | / | y | y | y | y |  |
|  |

|  |
| --- |
| **PART 10 – MAY BE COMPLETED BY THE OWNER WHERE A PROPERTY THAT WAS VACANT BECOMES OCCUPIED** |
|  |
| **Period of vacancy being claimed :** |
|  Property Vacant From : | d | d | / | m | m | / | y | y | y | y |  |
|  Property Vacant To : | d | d | / | m | m | / | y | y | y | y |  |
|  |
|  |
| **The property was vacant because (*please complete either (a) or (b)*) :** |
|  |
| 1. **It was not possible to find a suitable tenant at a reasonable rent**
 |  |  |
|  |
| Premises was advertised for Lease/Let : | Yes |  | No |  |  |
|  |
| Auctioneer / Letting Agent : |  |  |
|  |
| **You must include supporting documentation such as an auctioneer’s letter or other proof of the premises being advertised to let for the entire period of vacancy claimed.** |
|  |
| 1. **Property vacant to carry out additions, alterations, or repairs.**
 |  |  |
|  |
| Please give a brief description |  |  |
| of the work undertaken : |  |  |
|  |  |  |
|  |  |  |
|  |
| Planning Reference (if applicable) : |  |  |
|  |
| Cost of works | € |  |
|  |
| **You must include supporting documentation such as a contract for works, contractor’s invoices, photographic evidence, and any other relevant documentation which details work undertaken.** |
|  |
| **From January 2018 owners are liable for a minimum of 10% of the total commercial rates due in respect of their vacant commercial premises where their VPA has been approved.** |
|  |

|  |
| --- |
| **PART 11 - DECLARATION** |
|  |
| I understand that Wexford County Council (hereinafter referred to as “the Council”) is collecting and processing this information for the purposes of processing a transfer of interest in a rateable property and apportioning the rates charges in accordance with Section 32 of the Local Government Reform Act 2014.I understand that any personal information volunteered will be treated with the highest standards of security and confidentiality, in accordance with the Data Protection Acts. I understand that I am entitled to have my personal data corrected if the Council holds inaccurate data or deleted if the Council does not have legitimate reason for retaining it. I understand that sometimes it is necessary for Wexford County Council to share the information provided with other relevant statutory bodies and other trusted third parties who provide technical support in accordance with appropriate data sharing confidentiality agreements. |
|  |
| I hereby declare and affirm that I am the owner (or such other person authorised in writing to act on his/her behalf) of the above specified property and the person required to notify the Local Authority in accordance with the provisions of Section 32(2)(a) of the Local Government Reform Act 2014. |
|  |
| 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 Wexford County Council 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 |  |  |
|  |
|  | Owner |  | Authorised Agent |  |  |
|  |
| Contact Telephone Number : |  |  |
|  |
| Date : | d | d | / | m | m | / | y | y | y | y |  |
|  |

|  |  |
| --- | --- |
| Please return completed form to : | Rates Department |
|  | Wexford County Council  |
|  | Carricklawn |
|  | Wexford |
|  | Y35 WY93 |
|  |  |
|  | Email : rates@wexfordcoco.ie  |
|  |  |
|  | Telephone : (053) 9196368 / 9196220 / 9196237 |