COMHAIRLE CHONTAE SHLIGIGH
SLIGO COUNTY COUNCIL

Sligo.

RATES ABATEMENT SCHEME APPLICATION FORM 2024
Year Ending 31st December 2024

TO BE COMPLETED BY APPLICANT

Applicant Details (IN BLOCK CAPITALS)		
Owner/Occupier Name:	Rate No: (as per Rates Demand)	
Correspondence Address (incl. Eircode):	LAID Number:	
	VO Number:	
	Property Address (Incl. Eircode):	
Tel No:		
Email:		

VACANCY DECLARATION

Period of Vacancy (please tick which applies A or B)
(Vacant commercial properties for sale do not qualify)

A **FULL** YEAR (please tick) ☐

B **PARTIAL** YEAR
From ____ day of _____2024 to ____day of _____2024 (if occupied during year)

As the owner / occupier of this vacant commercial property, I make this solemn declaration for the satisfaction of Sligo County Council, conscientiously believing the same to be true and by virtue of the Statutory Declaration Act, 1938.

Signature of Applicant:	Date:

Declared before me by the Applicant who is known to me personally:

Signature of Witness*	Date:

* (Peace Commissioner / Commissioner for Oaths/Solicitor)

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Applicant Checklist:	Yes	No
The property was vacant on the Date of Making of the rate - 24th February 2024		●
Proof that the property is / was available for letting e.g. Letting Agents letter or other advertisements, if applicable		●
Proof that the property was vacant to allow for repairs, if applicable		●
Proof that the property is maintained to a level that would allow its use for commercial purposes i.e. Photographs showing external and internal images of the property.		●
Signed and Witnessed Vacancy Declaration		●
Applicable vacant property Payment		●

Completed Forms with supporting documentation must be returned by email or post to: **Rates@sligococo.ie or Rates Department, Finance Section, Sligo County Council, County Hall, Riverside, Sligo, F91 Y763.**

Please note that Incomplete applications will be returned.

For Office Use Only:		
Rates Due:	% Allowance: 50%	70% / 60% / 50% 50%
Full Year:	Partial Year:	Remarks:

Signed: _____ Rates Collector	Date:
Signed: _____ Administrative Officer	Date:
Signed: _____ Head of Finance	Date: