



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: 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: / / (dd/mm/yyyy)

If Lease/Sublet/Licence:

- * Period from: / / (dd/mm/yyyy)
- * Period To: / / (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:

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or

* 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

*Company Registered No:

* Telephone:

* Mobile:

* Email:

* Contact Name:

* Position:

* Period of Occupation: * Date of Commencement / /

* Date of Departure / /

*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:

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

* 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 Y/N
/ Let:

or

* Other: (Supporting documentation to be attached)

* Auctioneer / Letting Agent:

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 understand that Sligo County 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 11 of the Local Government Rates and Other Matters Act 2019.

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 Sligo County Council holds inaccurate data or deleted if Sligo County Council does not have legitimate reason for retaining it. I understand that sometimes it is necessary for Sligo 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/acting agent 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, including rates on vacant properties.

Signed:

Print Name:

Date: / / dd/mm/yyyy

Please return completed and signed form to the address below:

RATES DEPARTMENT, SLIGO COUNTY COUNCIL, COUNTY HALL, RIVERSIDE, SLIGO
E-mail: rates@sligococo.ie
Tel. No.: 071 911 1311/1652/1322