



Comhairle Chontae na Gaillimhe
Galway County Council

Finance Department, Rates Office, Prospect Hill, Galway, H91 H6KX
Roinn Airgeadais Aras an Chontae Cnoc na Radharc, Gaillimh
Tel: 091 509032 Fax: 091 509072
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Section 11 - Local Government & 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 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:

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Or

* Company Registered No:

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* 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 / Let: Y/N

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 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 & 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:

Finance Department, Rates Office,
Galway County Council, Prospect Hill,
Galway