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
E-mail: rates@galwaycoco.ie

# 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 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  / /

* 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 / 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 |