An Roinn Rátaí Oifigí an Chontae An Gleann Muineachán

Teileafóin: 047 30590



Comhairle Contae Mhuineacháin Monaghan County Council

Rates Department County Offices, The Glen Monaghan

Tel: 047 30590

Section 11 - Local Government (Rates and Other Matters) Act 2019

Outlined in the Local Government (Rates and Other Matters) Act 2019, (as amended) the Owner/Landlord of any rated premises must notify their Local Authority within 10 working days of any new owner/new occupier (liable person) occupying the premises. The Owner/Landlord can also nominate an Acting Agent to act on their behalf, which must be confirmed to the local authority in writing. Owner/landlords (Liable persons) who do not notify the Local Authority of these changes shall incur a financial penalty under the legislation provided above.

PART 1	- RELEVANT PROPERTY DETAILS
<u>.</u>	*' Denotes a mandatory field
* Valuation Office Property ID Number: or	
* Rate Number(s): *	
*Address of Property:	
*Eircode:	
DART 2 MATURE OF TR	ANSACTION (please tick one of the boxes below)
PART 2 - NATURE OF TR	ANSACTION (please tick one of the boxes below)
Note: - Parts 1, 2, 3,4	and 10 of the form to be completed in all cases
	. 9 to be completed based on the Nature of the Transaction
<u>* Туре:</u>	
Sale:	Please complete Parts 3, 4 and <u>5</u>
Lease:	Please complete Parts 3, 4 and <u>6</u>
Sublet:	Please complete Parts 3, 4 and <u>6</u>
Licence:	Please complete Parts 3, 4 and <u>6</u>
Receivership:	Please complete Parts 3, 4 and <u>7</u>
Liquidation:	Please complete Parts 3, 4 and <u>7</u>
Other (Please State):	Please complete Parts 3, 4 and 8 <u>or</u> 9
* Date of Transaction:	/ / / (dd/mm/yyyy)
If Lease/Sublet/Licence:	
* Period from:	/ / / (dd/mm/yyyy)
* Period To:	/ / / (dd/mm/yyyy)
PART 3 CURR	ENT (OWNER/LIABLE PERSON DETAILS)

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* Legal Name: * Trading Name: (If different from Legal Name) * Correspondence Address: (If different from address of property (Part 1)) * Tax Number: or * Company Registered No: * Telephone: * Mobile: * Email: * Position:

PART 4 - CURRENT OCCUPIER (LIABLE PERSON) 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 (Part 1))		
property (rait 1))		
* 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) LIABLE PERSON DETAILS (IF PROPERTY SOLD)

* Type:	(Tick appropriate Box)
Owner/Liable Person	
Occupier/Liable Person	
Both	
* Legal Name:	
* Trading Name:	
(If different from Legal Name)	
Correspondence Address:	
(If different from address of property (Part 1))	
property (Fart 1))	
*Tax Number:	
Or	
* Company Registered No:	
* Telephone:	
* Mobile:	
* Email:	
* Contact Name:	
* Position:	

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	PART 6 - NEW OCCUPIER (LIABLE PERSON) DETAILS
* Legal Name:	
* Trading Name:	
(If different from Legal Name)	
* Correspondence Address: (If different from address of property (Part 1)	
*Tax Number:	
or * C	
* Company Registered No:	
* Telephone:	
* Mobile:	
* Email:	
* Date of Lease:	dd/mm/yyyy
* Contact Name:	
* Position:	

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	DADT 7. DECENTED ALOUIDATOR DETAILS
	PART 7 -RECEIVER/LIQUIDATOR DETAILS
* Legal Name:	
*Trading Name:	
(If different from Legal Name)	
ī	
Correspondence Address:	
* Telephone:	
* Mobile:	
ŗ	
* Email:	
* Date of Appointment:	dd/mm/yyyy
* Contact Name	
* Contact Name:	
* Position:	
<u>P</u> /	ART 8 – VACANCY DETAIL OF RELEVANT PROPERTY
* Date Liable person left Prope	erty:
* Premises being advertised for	Y/N
Lease / Let:	
or	(Supporting documentation to be
* Other:	attached)
* Auctioneer / Letting Agent:	

PART 9 – I	RELEVANT PROPERTY CLOSED FOR REDEVELOPMENT / MAJOR OVERHAUL	
* Date relevant prop	erty closed: / / / dd/mm/yyyy	
* Planning Application Number (if applicable)		
* Planned Date of Co	mpletion: / / / dd/mm/yyyy	
	PART 10 - DECLARATION	
	TART TO DECEMBRION	
I hereby declare and affirm that I am the liable person/acting agent in respect of this relevant property and the person required to notify the Local Authority in accordance with the provisions of Section 11 (1) of the Local Government (Rates and Other Matters) Act 2019.		
	ails furnished above are true, accurate, correct and complete to the best of my knowledge ertake to inform you of any necessary changes within the 10 day period according to the above.	
	m obligated by law to pay all commercial rates that I am liable for at the date of transfer of ag all rates due on vacant properties.	
Signed:		
Print Name:		
Date:	/ / / dd/mm/yyyy	
Please return completed and signed form to the address below:		
	Rates Department	
	Monaghan County Council	
	The Glen	
	Monaghan	
	Co. Monaghan	
	_	
	H18 YT50	
Link for Legislation relevant to Section 11 Local Government (Rates and Other Matters) <u>Act 2019</u>		

https://www.irishstatutebook.ie/eli/2019/act/24/section/11/enacted/en/html#sec11
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