



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

'' Denotes a mandatory field*

* Valuation Office Property ID Number:

or

* Rate Number(s): *

*Address of Property:

*Eircode:

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: | <input type="checkbox"/> | Please complete Parts 3, 4 and <u>5</u> |
| Lease: | <input type="checkbox"/> | Please complete Parts 3, 4 and <u>6</u> |
| Sublet: | <input type="checkbox"/> | Please complete Parts 3, 4 and <u>6</u> |
| Licence: | <input type="checkbox"/> | Please complete Parts 3, 4 and <u>6</u> |
| Receivership: | <input type="checkbox"/> | Please complete Parts 3, 4 and <u>7</u> |
| Liquidation: | <input type="checkbox"/> | Please complete Parts 3, 4 and <u>7</u> |
| Other (Please State): | <input type="checkbox"/> | 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 CURRENT (OWNER/LIABLE PERSON DETAILS)

(This section must include the details of the liable person before the date of the transaction)

* 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:

* Contact Name:

* 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))

* 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))

*Tax Number:

Or

* Company Registered No:

* Telephone:

* Mobile:

* Email:

* Contact Name:

* Position:

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

* 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 – VACANCY DETAIL OF RELEVANT PROPERTY

* Date Liab person left Property: / / dd/mm/yyyy

* Premises being advertised for Lease / Let: Y/N

or

* Other: (Supporting documentation to be attached)

* Auctioneer / Letting Agent:

PART 9 – RELEVANT PROPERTY CLOSED FOR REDEVELOPMENT / MAJOR OVERHAUL

* Date relevant property 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 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.

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 **within the 10 day period** according to the legislation provided above.

I understand that I am obligated by law to pay all commercial rates that I am liable for at the date of transfer of the property including 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
Mayo County Council
Áras an Chontae
Castlebar
Co. Mayo**

**Link for Legislation relevant to Section 11 Local Government (Rates and Other Matters)
Act 2019**

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