Comhairle Contae Fhine Gall Fingal County Council

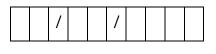
SECTION 11 - Change of Tenancy Notification, LGROMA Act 2019

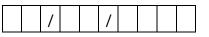


	PART 1 - RELEVANT PROPERTY DETAILS
'*' Denotes a mandatory field	
* Valuation Office Property ID	Number:
* or Rate Number(s): *	
*Address of Property:	
DED:	
Townland:	
Lot No.	
<u>PART 2 - N</u>	ATURE OF TRANSACTION (please tick one of the boxes below)

<u>Note:-</u> 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

* <u>Type:</u>	
Sale:	Please complete Parts 3, 4 and 5
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 7
Other (Please State):	Please complete Parts 3, 4 and 8 <u>or</u> 9





Change of Tenancy / Owner Declaration

* Date of Transaction: (dd/mm/yyyy)

		/			/				
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If Lease/Sublet/Licence:

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

	PART 3 - CURRENT OWNER DETAILS
	te 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	
* Companies Registration Office (CRO) Number:	
* Telephone:	
* Mobile no:	
* Email:	
* Contact Name:	
* Title / 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 Registration Office Number:	
* Telephone:	
* Mobile:	
* Email:	
* Contact Name:	
* Position:	
* Period of Occupation: * Da	te of Commencement * Date of Departure

*Forwarding	g Address
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	PART 5 - NEW OWNER DETAILS (IF PROPERTY SOLD)
* <u>Type:</u> (Tick appropriate Box) Owner Occupier	
Both	
* Legal Name:	
* Trading Name (if different fror Legal Name)	n
Correspondence Address: (If different from address of property (Part1)	
* PPSN or Tax Number: Or * Company Registration Office (CRO) Number:	
* Telephone:	
* Mobile:	
* Email:	

- * Contact Name:
- * Title / 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 Registration Office (CRO) Number: 	
* Telephone:	
* Mobile:	
* Email:	
* Date of Lease: dd/mm/yyyy	
* Contact Name:	7
* Title / 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:
* Title / Position:
PART 8 - PREMISES BECOME VACANT
* Date Occupier left Premises:
* Premises being advertised for Lease / Let: Y/N
or
* Other: (Supporting documentation to be
attached)
* Details of Auctioneer / Letting Agent:

PART 9 - PREMISES CLOSED FOR RE	EDEVELOPMENT / MAJOR OVERHAUL
* Date on which Premises Closed: dd/mm/yyyy	
* Planning Application Reference number if applicable:	
* Estimated Date of Completion:	

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 Rates & 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:											
<u>Date:</u> dd/mm/yyyy		/		/							

Please return completed and signed form to the address below:

Fingal County Council
Rates Department
Fingal County Council
Main Street
Swords
Co Dublin K67 X8Y2
K67 X8Y2
Telephone: 8905301