



**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.

**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>
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Lease:

<input type="checkbox"/>	Please complete Parts 3, 4 and <u>6</u>
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Sublet:

<input type="checkbox"/>	Please complete Parts 3, 4 and <u>6</u>
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Licence:

<input type="checkbox"/>	Please complete Parts 3, 4 and <u>6</u>
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Receivership:

<input type="checkbox"/>	Please complete Parts 3, 4 and <u>7</u>
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Liquidation:

<input type="checkbox"/>	Please complete Parts 3, 4 and <u>7</u>
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Other (Please State):

<input type="checkbox"/>	Please complete Parts 3, 4 and <u>8</u> <u>or</u> <u>9</u>
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<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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**  
(Prior to the date of transaction (Vendor/Lessor) and person submitting the notice of assignment)

\* Legal Name:

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\* Trading Name:

(If different from Legal Name)

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\*Correspondence Address:

(if different from address of property (Part1))


\* PPSN or Tax Number:

--	--	--	--	--	--	--	--	--	--

*or*

\* Companies Registration Office (CRO) Number:

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\* Telephone:

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\* Mobile no:

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\* Email:

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\* Contact Name:

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\* Title / Position:

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Change of Tenancy / Owner Declaration

**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* \*

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\* Company Registration Office Number:

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\* Telephone:

\* Mobile:

\* Email:

\* Contact Name:

\* Position:

\* Period of Occupation:

\* Date of Commencement

\* Date of Departure

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\*Forwarding Address:

**PART 5 - NEW OWNER DETAILS (IF PROPERTY SOLD)**

\* **Type:** (Tick appropriate Box)

Owner

Occupier

Both

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

\* Legal Name:

\* Trading Name (if different from  
Legal Name)

Correspondence Address:  
(If different from address of property  
(Part1))

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

\* PPSN or Tax Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Or**

\* Company Registration  
Office (CRO) Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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\* Telephone:

\* Mobile:

\* Email:

\* Contact Name:

\* Title / Position:

**PART 6 - NEW OCCUPIER DETAILS**

* Legal Name:	<input type="text"/>
* Trading Name:	<input type="text"/>
(If different from Legal Name)	
* Correspondence Address:	<input type="text"/>
(If different from address of property (Part1))	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
* PPSN or Tax Number: <i>or</i>	<input type="text"/>
* Company Registration Office (CRO) Number:	<input type="text"/>
* Telephone:	<input type="text"/>
* Mobile:	<input type="text"/>
* Email:	<input type="text"/>
* Date of Lease: dd/mm/yyyy	<input type="text"/>
* Contact Name:	<input type="text"/>
* Title / Position:	<input type="text"/>

Change of Tenancy / Owner Declaration

**PART 7 - RECEIVER/LIQUIDATOR DETAILS**

\* Legal Name:

\* Trading Name:

(If different from Legal Name)

\* Correspondence Address:

  
  
  

\* Telephone:

\* Mobile:

\* Email:

\* Date of Appointment:

		/			/				
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dd/mm/yyyy

\* Contact Name:

\* Title / Position:

**PART 8 - PREMISES BECOME VACANT**

\* Date Occupier left Premises:

		/			/				
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dd/mm/yyyy

\* Premises being advertised for Lease / Let:

 Y/N

**or**

\* Other: (Supporting documentation to be attached)

\* Details of Auctioneer / Letting Agent:

Change of Tenancy / Owner Declaration

**PART 9 - PREMISES CLOSED FOR REDEVELOPMENT / MAJOR OVERHAUL**

\* Date on which Premises Closed: dd/mm/yyyy

		/			/				
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\* Planning Application Reference number if applicable:

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\* Estimated Date of Completion:

		/			/				
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**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:**

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**Print Name:**

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**Date:** dd/mm/yyyy

		/			/				
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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