

Valuation Office Ireland Irish Life Centre Abbey Street Lower Dublin 1 Oifig Luachála Éireann An tÁras Árachais Sráid na Mainistreach Íocht Baile Átha Cliath 1 Phone: +353 1 8171000 Fax: +353 1 8171180 Locall: 1890 304 444 e-mail: info@valoff.ie website: www.valoff.ie

REVISION				
Representations to the Revision Officer				
Property Number:		Date of Issue:		
Valuation:	€	Final date for making representations:		
If any of the particulars below are incorrect please enter the correct information in the column provided. Corrections:				
Occupier:				
Immediate Lessor:				
Rating Authority:				
County:				
Electoral Division/Ward:				
Town:				
Townland/Street:				
Lot number:				
Description:				
Address of property:		Address for correspondence: (If different from address of property)		
1 If you consider the memority should be included in the Volvetion Liet (should be velved), places etete your recess			agea etata volir rageone	
1 If you consider the property should be included in the Valuation List (should be valued), please state your reasons:				
If you consider the property should be excluded from the Valuation List (should not be valued), please state your reasons:				



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3	If you consider the valuation to be excessive, please state your reasons:		
4	Please state what you consider the valuation should be and your method of calculation:		
5	Detail the comparative evidence on which you rely:		
6	Outline any other factors you wish to be taken into account:		
_			
Si	gnature of occupier: Date:		
T	elephone number: e-mail:		

Both the final date for making representations and your property number are specified on your Valuation Certificate (Proposed). Note: It is essential you make your representations within the deadline & that you insert your property number on this form.

Please return the completed form to the above address marked FREEPOST or e-mail to info@valoff.ie

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