

# CORK COUNTY COUNCIL

## 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)

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

\* Address of Property

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

\* Eircode

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 5             |
| Lease:               | <input type="checkbox"/> | Please complete Parts 3, 4 and 6             |
| Sublet:              | <input type="checkbox"/> | Please complete Parts 3, 4 and 6             |
| Licence:             | <input type="checkbox"/> | Please complete Parts 3, 4 and 6             |
| Receivership:        | <input type="checkbox"/> | Please complete Parts 3, 4 and 7             |
| Liquidation:         | <input type="checkbox"/> | Please complete Parts 3, 4 and 7             |
| Other (Please state) | <input type="checkbox"/> | Please complete Parts 3, 4 and 8 <u>or</u> 9 |

\* Date of Transaction:

<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"/>
----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

(dd/mm/yyyy)

**If Lease/Sublet/Licence:**

\* Period from:

<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"/>

(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:

\* Trading Name:  
(If different to Legal Name)

\* Correspondence Address:  
(If different from address  
of property (Part 1)

\* Eircode

\* Telephone:

\* Mobile:

\* Email:

\* Contact Name:

\* 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 to Legal Name)

\* Correspondence Address:  
(If different from address of  
property (Part 1))

\* Eircode

\* PPSN or Tax Number:

or

\* Company Registered Number:

\* Telephone:

\* Mobile:

\* Email:

\* Contact Name:

\* Position:

\* Period of Occupation:  /  /   /  /

\* Date of Commencement

\* Date of Departure

\* Forwarding Address:

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

\* Type (Tick appropriate box)

Owner	<input type="checkbox"/>
Occupier	<input type="checkbox"/>
Both	<input type="checkbox"/>

\* Legal Name:

\* Trading Name:  
(If different to Legal Name)

Correspondence Address:  
(If different from address of  
property (Part 1))

\* Eircode

\* PPSN or Tax Number:

*or*

\* Company Registered Number:

\* Telephone:

\* Mobile:

\* Email:

\* Contact Name:

\* Position:



**PART 7 – RECEIVER/LIQUIDATOR DETAILS**

\* Legal Name:

\* Trading Name:  
(If different to Legal Name)

Correspondence Address:  
(If different from address of  
property (Part 1))

\* Eircode

\* Telephone:

\* Mobile:

\* Email:

\* Date of Appointment:  /  dd/mm/yyyy

\* Contact Name:

\* Position:

**PART 8 – PREMISES BECOME VACANT**

\* Date Occupier left Premises:  /  dd/mm/yyyy

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

or

\* Other:  (Supporting documentation to be attached)

\* Auctioneer/Letting Agent:

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

\* Date Premises 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 of the above specified 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 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:

**Cork County Council, Rate Collection Office, Floor 6, County Hall, Cork.**

**or**

**by email to [collection@corkcoco.ie](mailto:collection@corkcoco.ie)**

Any queries phone 021-4285252