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| Section 11 - Local Government Rates and other Matters Act 2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART 1 - RELEVANT PROPERTY DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *'****\*****' denotes a mandatory field* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \* Valuation Office Property ID Number: | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | | | | | | | | |
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| \* Customer ID Number(s): | |  | | | | | | | | | | | | | | |  | | | | | | | **FILE NUMBER** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PART 2 - NATURE OF TRANSACTION (please tick one of the boxes below)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***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* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Sale: |  |  | | | Please complete Parts 3, 4 and 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lease: |  |  | | | Please complete Parts 3, 4 and 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sublet: |  |  | | | Please complete Parts 3, 4 and 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence: |  |  | | | Please complete Parts 3, 4 and 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receivership: | |  | | | Please complete Parts 3, 4 and 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquidation: | |  | | | Please complete Parts 3, 4 and 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (Please State): | |  | | | Please complete Parts 3, 4 and 8 *or* 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **If Lease/Sublet/Licence:** | |  | | |  | | | | | | | |  | | | | | | |  | | | | |  |  | | |  | | | | |
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**TRANSFER OF RELEVANT PROPERTY FORM**

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| **PART 3 - CURRENT OWNER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Prior to the date of transaction (Vendor/Lessor) and person submitting the notice of assignment)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \* Legal Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \* Trading Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \*Correspondence Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PART 4 - CURRENT OCCUPIER'S DETAILS, ONLY IF DIFFERENT TO PART 3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Prior to the date of transaction)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \* Correspondence Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PART 5 - NEW OWNER DETAILS (IF PROPERTY SOLD)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **\* Type:** | | *(Tick appropriate Box)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |
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| \* Legal Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PART 6 - NEW OCCUPIER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PART 7 -RECEIVER/LIQUIDATOR DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PART 8 - PREMISES BECOME VACANT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \* Premises being advertised for Lease / Let: | | | | | | | | | | | | |  | | | | | | | Y/N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| \* Other: |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | (Supporting documentation to be attached) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \* Auctioneer / Letting Agent: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **PART 9 - PREMISES CLOSED FOR REDEVELOPMENT / MAJOR OVERHAUL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \* Planning Application Reference Number (if applicable): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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| **PART 10 - DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 and other Matters Act 2019. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please return completed and signed form to the address below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  | OFFALY COUNTY COUNCIL  Rates Department  Áras an Chontae, Charleville Road,  Tullamore, Co. Offaly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  | [rates@offalycoco.ie](mailto:rates@offalycoco.ie) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |  |  |
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