



Section 32 – Local Government Reform Act 2014

**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:  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

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

**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:

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

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

\* PPSN or Tax Number:  
  
*or*

\* Company Registered Number:

\* 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))

\* PPSN or Tax Number:  
  
*or*

\* Company Registered Number:

\* Telephone:

\* Mobile:

\* Email:

\* Contact Name:

\* Position:

\* Period of Occupation:   /   /         /   /

\* Forwarding Address:

**PART 5 – NEW OWNER DETAILS (IF PROEPRTY 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))

\* PPSN or Tax Number:   
*or*

\* Company Registered Number:

\* Telephone:

\* Mobile:

\* Email:

\* Contact Name:

\* Position:

**PART 6 – NEW OCCUPIER DETAILS**

\* Legal Name:

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

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

\* PPSN or Tax Number:   
*or*

\* Company Registered Number:

\* Telephone:

\* Mobile:

\* Email:

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

\* 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))

\* 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 owner of the above specified property and the person required to notify the Local Authority in accordance with the provisions of Section 32(2)(a) of the Local Government Reform Act 2014.

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:

\* Date:   /   /     dd/mm/yyyy

Please return completed and signed form to the address below:

**Rates Office  
Finance Department  
Dublin City Council  
Block 1, Floor 8  
Civic Offices  
Wood Quay  
Dublin 8**