



Comhairle Cathrach
Bhaile Átha Cliath
Dublin City Council

Finance Department, Rates Office,

16 Castle Street, Dublin 2.

An Roinn Airgeadais, Oifig na Rátaí,

16 Sráid an Chaisleáin, Baile Átha Cliath 2.

Tel: 01 222 2171 Fax: 01 679 3051 E-mail: ratesoffice@dublincity.ie

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 <u>5</u>
Lease:	☐	Please complete Parts 3, 4 and <u>6</u>
Sublet:	☐	Please complete Parts 3, 4 and <u>6</u>
Licence:	☐	Please complete Parts 3, 4 and <u>6</u>
Receivership:	☐	Please complete Parts 3, 4 and <u>7</u>
Liquidation:	☐	Please complete Parts 3, 4 and <u>7</u>
Other (Please State):	☐	Please complete Parts 3, 4 and 8 <u>or</u> 9

* Date of Transaction:

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 (dd/mm/yyyy)

If Lease/Sublet/Licence:

* Period from:

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 (dd/mm/yyyy)

* Period To:

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 (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 from Legal Name)	
*Correspondence Address:	
(if different from address of property (Part1)	
* PPSN or Tax Number:	
or	
* Company Registered No:	
* 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 from Legal Name)

* Correspondence Address:

(If different from address of property (Part1))

*PPSN or Tax Number:

or

*Company Registered No:

* 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

☐

Occupier

☐

Both

☐

* Legal Name:

* Trading Name:

(If different from Legal Name)

Correspondence Address:

(If different from address of property (Part1))

* PPSN or Tax Number:

Or

* Company Registered No:

* Telephone:

* Mobile:

* Email:

* Contact Name:

* Position:

PART 6 - NEW OCCUPIER DETAILS

* Legal Name:

* Trading Name:

(If different from Legal Name)

* Correspondence Address:

(If different from address of property (Part1))

* PPSN or Tax Number:

or

* Company Registered No:

* Telephone:

* Mobile:

* Email:

* Date of Lease:

 /

dd/mm/yyyy

* Contact Name:

* Position:

PART 7 -RECEIVER/LIQUIDATOR DETAILS

* Legal Name:

* Trading Name:

(If different from Legal Name)

(Correspondence Address:

* 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:

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 dd/mm/yyyy

* Planning Application Reference Number (if applicable):

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* Planned Date of Completion:

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 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:

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Print Name:

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Date:

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 dd/mm/yyyy

Please return completed and signed form to the address below:

Rates Office,
16 Castle Street
Dublin 2