If you have queries please contact, Kilkenny County Council, County Hall, John Street, Kilkenny at 056-7794209 or alternatively you can e-mail DebtCollection@kilkennycoco.ie

# **PART 3 - CURRENT OWNER DETAILS**

<u>Se</u>	ection 32 - Local Government Reform Act 2014
	PART 1 - RELEVANT PROPERTY DETAILS
<u>'*' denotes a mandatory fiel</u>	<u>d</u>
* Valuation Office Proper	ty ID Number:
<i>or</i> * Rate Number(s): *	
*Address of Property:	
DED:	
Townland:	
Lot No:	
DART 2	NATURE OF TRANSACTION (please tick one of the boxes below)
	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> Please complete Parts 3, 4 and <u>6</u>
Sublet: Licence:	Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>6</u>
Sublet: Licence: Receivership:	Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>7</u>
Sublet: Licence: Receivership: Liquidation:	Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>7</u> Please complete Parts 3, 4 and <u>7</u>
Sublet: Licence: Receivership:	Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>7</u>
Sublet: Licence: Receivership: Liquidation:	Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>6</u> Please complete Parts 3, 4 and <u>7</u> Please complete Parts 3, 4 and <u>7</u>
Sublet: Licence: Receivership: Liquidation: Other (Please State):	Please complete Parts 3, 4 and 6  Please complete Parts 3, 4 and 6  Please complete Parts 3, 4 and 6  Please complete Parts 3, 4 and 7  Please complete Parts 3, 4 and 7  Please complete Parts 3, 4 and 8 or 9
Sublet: Licence: Receivership: Liquidation: Other (Please State):  * Date of Transaction:	Please complete Parts 3, 4 and 6  Please complete Parts 3, 4 and 6  Please complete Parts 3, 4 and 7  Please complete Parts 3, 4 and 7  Please complete Parts 3, 4 and 8 or 9

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# \* PPSN or Tax Number: or \* Company Registered No: \* Telephone: \* Mobile: \* Email: \* 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)	
property (Part1)	
* PPSN or Tax Number: <i>Or</i>	
* Company Registered No:	
* Telephone:	
* Mobile:	
* Email:	
* Contact Name:	
Position:	

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	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: <i>or</i>		
* Company Registered No:		
* Telephone:		
* Mobile:		
* Email:		
* Date of Lease:	/ / / dd/mm/yyyy	
* Contact Name:		
* Position:		

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PART 7 -RECEIVER/LIQUIDATOR DETAILS		
* Legal Name:		
*Trading Name:		
(If different from Legal Nar	me)	
( Correspondence Ad	dress:	
* Telephone:		
* Mobile:		
* Email:		
* Date of Appointmen	nt: / / / dd/mm/yyyy	
* Contact Name:		
* Position:		
	PART 8 - PREMISES BECOME VACANT	
* Date Occupier left Premises:  /		
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 Department, Kilkenny County Council, County Hall, John Street, Kilkenny		