



# Wicklow County Council

## Comhairle Chontae Chill Mhantáin

**Rates Office**  
County Buildings  
Whitegates,  
Wicklow Town  
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### Wicklow County Council

#### Local Government Rates and Other Matters Act 2019

#### Section 11 – Notification of Transfer of Rates Liability Form

\*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 tenant (liable person) occupying the premises. The Owner/Landlord can also nominate an **Acting Agent** to act on their behalf, which must be confirmed to us in writing. Owners who do not notify the Local Authority of these changes will incur a financial penalty.

#### PART 1 – RELEVANT PROPERTY DETAILS

Local Authority Laid Number:

Customer Number :

Address of Property:

Eircode: \_\_\_\_\_

#### PART 2 – NATURE OF TRANSACTION (please tick one of the boxes below)

Sale       Lease       Sublet       Vacating Premises

Other  (please state) \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

Date of Lease Commencement: \_\_\_\_\_

Date of Lease Expiring: \_\_\_\_\_

Date of Premises becoming vacant: \_\_\_\_\_

**Part 3 – OWNER OF PROPERTY DETAILS**

**(Prior to the date of transaction (Vendor) and person submitting the notice of assignment)**

Legal Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eircode: \_\_\_\_\_

Phone/Mobile Contact No: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

**Part 4 – NEW OCCUPIER DETAILS**

**(Prior to the date of transaction (Vendor) and person submitting the notice of assignment)**

Legal Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eircode: \_\_\_\_\_

Phone/Mobile Contact No: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

**PART 5 – DECLARATION**

I hereby declare and affirm that I am the owner/acting agent 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.

I declare that the details provided 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 commercial rates that I am liable for at the date of transfer of the property, including rates on vacant properties.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed and signed form to

Revenue Section  
Wicklow County Council  
Whitegates  
Wicklow Town  
A67FW96  
Or email to [rates@wickowcoco.ie](mailto:rates@wickowcoco.ie)