Commercial Rates Vacancy Application in respect of vacant or partially vacant premises

Other Reason (Please specify):



Where a property is vacant on the date of making the rate, owners must complete this form and submit it to the Rates Department, along with the relevant supporting documentation

SECTION 1 (Please complete in full) Relevant Property Details Property Number: This number can be found on your Rate Bill Address of Property: EIRCODE: \mathbb{E} R 0 ()D E **Applicant Details** Name of Applicant: **Customer Number:** Landline: Contact Number: Mobile: **Email Address:** Address of Applicant: R D \mathbb{E} \mathbb{C} 0 \mathbb{E} **EIRCODE:** Fully Vacant □ Partially Vacant □ Is the property Period of vacancy: M M Property Vacant from: M M **Property Vacant To:** This property is/has been vacant because: It has not been possible to find a suitable tenant at a reasonable rent (a) (Complete section 2) OR It has been necessary to carry out alterations, additions or repairs (a) (Complete Section 3)

SECTION 2 (Please complete where vacancy is due to being unable to find a suitable tenant)				
Has the property being advertised for lea	ase or rent?	YES 🗆	NO □	
Auctioneer/Letting Agent:				
SECTION 3 (Please complete where the vacancy is for the purposes of refurbishment)				
Please give a brief description of the wo	rks undertaken:			
Planning Reference (if applicable):				
NOTE: If your property is partially vacant, you will need to submit a floor plan of the property outlining the vacant space. Access to the vacant/partially vacant area should be boarded off with timber or other appropriate finish. Fabric/curtains will not suffice. The vacant area cannot be used as storage and must be devoid of all furniture, equipment & stock.				
SECTION 4 DECLARATION (Please comp	lete in full)			
I declare that I am the owner/occupier, or an agent appropriately delegated to act on their behalf, of the above named property.				
I declare that the details furnished above are true, accurate, correct and complete to the best of my knowledge and belief, in that the premises were completely/partially unoccupied during the period claimed. I undertake to notify Roscommon County Council if there is a change of circumstance relating to these premises between now and 31st December (if applicable).				
I declare that no use was made by me of any part of or annex to the premises which may be included in the same rating or valuation of the premises where repairs were being carried out, and were not being reserved by me for my own contingent use on a suitable season or occasion and that the premises were not held in a state of furnished or partly furnished readiness for my own eventual occupation (if applicable).				
Signature of Applicant:				
Date: D D / M M / Y Y Y				
Please return completed form along wit Photograph of property to: RATES OFFICE ROSCOMMON COUNTY COUNCIL, ÁRAS CHONTAE, ROSCOMMON F42 VR98	TEL 2: EMAIL 🖂	(090) 66 325	55 es@roscommor	·
FOR OFFICIAL USE ONLY	ACCOUNT NO:	LA-ID):	
Fully Vacant □ Part Vacant □ Approved □ Not Approved □	PROPERTY INSPECTED: YES NO NO			
Further Information		OUNT		
SIGNED: APPRO	OVED:	Γ	ATE:	