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**NATIONAL NON-DOMESTIC RATES  
INCOMING OCCUPIER FORM**

The Occupier	Date of Issue	
	Property reference No.	
	To be returned within 21 days	
	The information provided in this form will be used in accordance with the Council's registration under the Data Protection Act 1998 and may be used in the prevention and detection of fraud.	

Re. Property Reference no.

Dear Sir or Madam

Information received regarding the above property indicates that it has recently been re-occupied.

In order that I may calculate your rate liability, please complete and return the enclosed form as soon as possible. Answer ALL the sections and please use BLOCK CAPITALS, then sign the declaration at the end of the form.

If you require any advice or assistance please contact the Revenues office as shown above.

Yours faithfully,

Revenues & Benefits Team

**NATIONAL NON-DOMESTIC RATES  
INCOMING OCCUPIER FORM**

Property Ref. No. ....

Issue Date: .....

**DETAILS OF OCCUPATION**

**ABOUT THE PROPERTY**

Address: .....  
.....  
.....

**ABOUT YOU**

If sole or joint trader(s):-

Title if Limited Company

First Name(s)

Surname(s)

Company No: .....

Trading Name

Address of Registered Office

Home Address .....  
.....  
.....

**ABOUT YOUR OCCUPATION OF THE PROPERTY**

Please give the date of occupation (i.e. date of installing furniture/stock etc)

Type of Business: .....

**PLEASE COMPLETE ONE OF THESE SECTIONS:**

a) IF YOU ARE THE OWNER & OCCUPIER

Date of completion of purchase

Name and address of vendor (seller):-

Name and address of Solicitor who acted for you:-

.....  
.....

.....  
.....

b) IF YOU ARE A TENANT/LICENSEE

Date tenancy/licence commenced

Name and address of Landlord or his agent:-

Name and address of Solicitor who acted for you:-

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.....

**PAYMENT OF RATE BILL (Accounts will be sent to the property unless requested otherwise)**

Address for bill if not as above: -

.....

Please select frequency of payment (tick box)      Annual ☐      Half-Yearly ☐      Monthly ☐

Please select payment method (tick box)      Direct Debit ☐      Payment card ☐

**DECLARATION:-**I declare that the information given on the form is complete and accurate to the best of my knowledge.

**REMEMBER, IF YOU GIVE FALSE INFORMATION, YOU MAY BE PROSECUTED.** In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations that handle public funds.

SIGNED: ..... DATE: .....

NAME: ..... TELEPHONE: .....

The information on this form will be used in accordance with the Council's registration under the Data Protection Act 1998.