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**NATIONAL BUSINESS RATES
VACATION FORM**

	Date of Issue	
	Account reference	
	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

Information received regarding the above property indicates that it has recently been vacated.

In order that I may correctly close down the account, and calculate any rate liability that may still be due or has been overpaid, 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,

Mid Sussex Revenues & Benefits Team

**NATIONAL BUSINESS RATES
VACATION FORM**

Account Ref. No.
Property Ref No.

NAME OF RATEPAYER:

ABOUT THE PROPERTY

Address:

.....

.....

Please give the date of vacation

Date property was empty of all furniture/stock (if different)

New Address/Address where closing Account is to be sent:

.....

.....

PLEASE NOTE: Premises which remain empty for a period in excess of three months may be subject to a 100% charge.

IF YOU ARE/WERE THE OWNER:

Date of Completion of Sale

Name and address of new owner (if known):-

.....

Name and address of Solicitor dealing with sale:-

.....

IF YOU ARE/WERE RENTING THE PREMISES:

Has your tenancy ended? YES/NO (please delete) Date tenancy ended/is due to end

Name and address of Owner/Agents:-

.....

IF YOUR CLOSING ACCOUNT IS IN CREDIT, WHICH BANK ACCOUNT WOULD YOU LIKE THIS TO BE PAID TO:

Name of Account Holder:

Bank Account Number:

Sort Code:

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.