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<http://www.midsussex.gov.uk/revsandbens>

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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	

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

**Please note:** Information will only be kept in accordance with the General Data Protection Regulation and the Data Protection Act 2018. Mid Sussex District Council will not supply information to any other organisation or individual except to the extent permitted by law in carrying out any of its functions. Please refer to our privacy notice on our website at <https://www.midsussex.gov.uk/about-us/privacy-notice> for further details.

**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)

**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:-

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.....

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: .....

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