



Financial Services Division
PO Box 58
Civic Centre
Beecroft Road
Cannock
Staffordshire
WS11 1LR

NATIONAL NON-DOMESTIC RATE CERTIFICATE OF OCCUPATION OF PROPERTY

Property Ref. _____

Bill Ref. _____

Issue Date _____

Please ask for : _____

Helpline No. Cannock (01543) _____

Dear Sir/ Madam,

In order to ensure that you are issued with a correct Rate Demand Notice on moving into your new property, I shall be obliged if you will complete the certificate below and return it to me as soon as possible in the envelope provided.

If you require further information or assistance in dealing with this matter, please contact my staff at the address shown above or ring the helpline number.

Yours faithfully,

M. Edmonds
Chief Revenues and Benefits Officer

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Notes:

1. Sections A and B are to be completed by limited companies.
2. Sections A and C are to be completed by sole traders/partnerships.
3. For rating purposes, the date of occupation is that upon which furniture, stock or machinery is first installed.
4. The owner or person entitled to possession may become liable for an empty rate charge where a property has remained empty for three months.

SECTION A

1. Address of property concerned if different from above:

_____ Post Code _____

2. Date of occupation: _____

3. Your previous address (if within the Cannock Chase area):

_____ Post Code _____

Please note If your previous address was within the Cannock Chase area please complete a Certificate of Vacation for that property in addition to this.

4. If the property has been purchased or a lease or rental agreement commenced, please give the following details:

(a) Date of completion/Date lease commenced/Date rental agreement commenced _____
(please delete as appropriate).

(b) If purchased, the name and address of your Solicitor **or** if lease/rental agreement commenced the name and address of the owner(s) **or** managing agents.

Post Code _____

5. Address to which accounts should be sent if different from the property address:

Post Code _____

6. Your preferred method of payment (please tick as appropriate)

Direct Debit (Monthly/half yearly) Cash (Monthly/half yearly)

SECTION B

If the property is occupied by a limited company, please give the following details.

1. Full title of Company: _____

2. Registered Office: _____

Post Code _____

3. Registration No.: _____

4. Date of Registration: _____

SECTION C

1. Name(s) of proprietor/partners occupying the property:

Please list below the full name(s) and home address(es) of proprietor/partners occupying the property.

Name _____ Address _____

Post Code _____

Name _____ Address _____

Post Code _____

Name _____ Address _____

Post Code _____

2. Name of Business: _____

DECLARATION

I certify that the above information is correct.

Information supplied on this form will be used to maintain Non-Domestic Rate, Council Tax and Community Charge records as registered with the Data Protection Register under the Data Protection Act 1984.

Signed: _____

Full Name: _____

Date: _____