

KILKENNY COUNTY COUNCIL

COMMERCIAL RATES

DECLARATION IN RESPECT OF VACANT PREMISES

Customer Rate A/C No:

Property/Laid No:

Property Location:

Eircode: _____

Name of Applicant: _____

Tel No: _____

Email: _____

Name of Owner of Property (if not applicant) _____

Reason for Vacancy (Please tick relevant option)

Vacant & available for letting

Vacant & undergoing renovations

Vacant & pending re-development

Period of Vacancy FROM _____ TO _____

Signed _____

Date _____

Witness _____
(GardaSiochana),(Clergyman),(Peace Commissioner)

PLEASE NOTE 10% OF THE CURRENT YEAR'S RATES (PLUS ANY VACANCY LEVY ARREARS) WILL BE DUE FOR PAYMENT, PRIOR TO THIS APPLICATION BEING PROCESSED.

For office use only

Amount of Strike-Off _____

I have examined the application and I am satisfied property is vacant.

Date _____

Revenue Collector