



Vacation of Property Form

Please complete this form if you are vacating a property.

In line with the Local Government (Miscellaneous Provisions) Act 1976, please complete and send to the **Business Rates Service, PO Box 3, Manchester M15 5BA**. Or fax it to us on **0161 274 7215**.

1	Name of vacating occupier		Telephone number	
2	Address of property: please include building number, floor number, office number			
3	Date of vacation		Payment reference number	
4	Are you a sole trader?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If Yes , please give your home address			
5	Are you a limited company, charity or other registered company?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If Yes , please give:			
	- Full name of company or organisation			
	- Registered address			
	- Registered number			
6	Do you occupy a specific car park space or spaces?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If Yes , please give your car park space number(s)			
7	Do you own the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If Yes , please give the date of sale			
8	If you do not own the property, please give the owner's full name and address			

9	Are you a tenant or leaseholder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes , please give the date the lease ended	
10	Please give your new business address	
11	Please give details of the new occupier of the property you are leaving, if known	

I confirm that the information given above is, to the best of my knowledge, correct and true.	
Name	
Signature	
Date	

Please return the completed form to the **Business Rates Service, PO Box 3, Manchester, M15 5BA** or fax it on **0161 274 7215**.