

National Non-Domestic Rates Property Vacation Questionnaire



The following information is required for amendment of Newport City Council's rating records. Please complete where applicable and return to the Head of Finance, Information Station, Old Station Building, Queensway, Newport NP20 4AX

NAME

Mr/Mrs/Miss/Ms Surname _____

Forename _____

Trade Name _____

Address of Property _____

Description _____

Home Address _____

Date Rateable Occupation ceased (i.e. date furniture, fittings, stock etc. removed) _____

Do/did you own the Property: Yes No Do you lease the the Property? Yes No

Date Lease commenced _____ Day Lease expires _____

Name and Address of Landlord/Owner _____

Name and Address of New Occupier (if known) _____

Name and Address of Business _____

Signed _____ Dated _____