

National Non-Domestic Rates Property Occupation 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

Address of property _____

Description _____

NAME OF OCCUPIER

Mr/Mrs/Miss/Ms Surname _____

Forename(s) _____

Home address _____

Trade Name _____

Name of Company (if limited) _____

Registered Office _____ Registration Number _____

Date Rateable Occupation commenced (i.e. date furniture, fittings, stock etc. installed) _____

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 _____

How would you like to pay? Direct Debit Monthly Cash/Cheque Payment

Previous business address _____

Signed _____ Date _____