

# 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

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NAME

Mr/Mrs/Miss/Ms      Surname \_\_\_\_\_

Forename \_\_\_\_\_

Trade Name \_\_\_\_\_

Address of Property \_\_\_\_\_

Description \_\_\_\_\_

Home Address \_\_\_\_\_

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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 \_\_\_\_\_

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Name and Address of Landlord/Owner \_\_\_\_\_

Name and Address of New Occupier (if known) \_\_\_\_\_

Name and Address of Business \_\_\_\_\_

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Signed \_\_\_\_\_ Dated \_\_\_\_\_