



Please complete Section 1-5 and return to:
COLLECTOR OF MUNICIPAL RATE, NEW CIVIC OFFICES, CITY HALL, CORK

For Office Use Only

V.R.A Number

1. Owner (Name & Address)					J.D.E. No		
2. Relevant Property	Description		Location		Assessable Valuation		
					€		
3. Period of Vacancy being claimed	From			PPS No.			
	To			VAT No.			
4. Reason for Vacancy	1) For the purpose of repairs, etc. <input type="checkbox"/> Complete Section A 2) Unable to obtain a tenant <input type="checkbox"/> Complete Section B <i>Please tick appropriate box and complete section indicated</i>						
5. Statutory Declaration	<p>I HEREBY DECLARE THAT:-</p> <p>(i) I am the owner of the premises, the subject of this claim</p> <p>(ii) I have paid the rates for the period indicated at Section 3 above</p> <p>(iii) I am the person entitled to a refund</p> <p>(iv) The premises became vacant on <input type="text"/> and remained wholly empty and unoccupied as shown at Section 3 above by reason of the fact that:-</p> <p>(a) Additions, alterations or repairs, details of which are given in supporting documentation attached hereto</p> <p style="text-align: center;">or</p> <p>(b) I was, bona fide, unable to obtain a suitable tenant. Details of my efforts to obtain a tenant are attached hereto</p> <p>I make this solemn declaration for the satisfaction of the Cork City Council, conscientiously believing the same to be true by virtue of the Statutory Declaration Act, 1938.</p>						
	Signature of Applicant			Declared before me by the applicant who is known to me personally. Signature of Peace Commissioner			
				Date			
6. Year	Rec. No.	Amount Paid for Vacancy	Period of vacancy	No. of mths vacancy Allowable	Calculated		Refund
					$\frac{1}{24}$	X €	
					$\frac{1}{24}$	X €	
					$\frac{1}{24}$	X €	
					$\frac{1}{24}$	X €	
					$\frac{1}{24}$	X €	
7. I hereby certify that to the best of my knowledge and belief, the statements made by the applicant are correct. Payment of refund can be recommended.					 Assistant Rate Collector	
8. Calculated. Assistant Staff Officer	Checked Staff Officer			Please Pay Collector of Municipal Rate		P.O. No.	

A Premises unoccupied for the purpose of additions, alterations or repairs

1. Nature of the Additions, etc	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
2. Name of Contractor	
3. Period of work	Commenced on Completed on
4. Documents to be submitted with this application	<p>(1) If work done by Contractor <input type="checkbox"/> Receipts for payments made</p> <p>(2) If work done by direct labour <input type="checkbox"/> Receipts for materials supplied</p> <p><i>Please tick appropriate box and attach documents indicated.</i></p>

B Premises unoccupied due to inability to obtain a tenant

1. Name of Letting Agent.	
2. Date placed with Letting Agent	
3. Documents to be submitted with this application	<p>Letter from Letting Agent confirming</p> <ol style="list-style-type: none"> 1 Property was vacant during period under claim. 2 They are marketing the property for letting 3 They have been unable to secure a tenant during period under claim and the reasons why. <p>and enclosing Press Advertisements and Letting Notices</p>