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NATIONAL NON-DOMESTIC RATES – NEW/ALTERED PROPERTY FORM
Local Government Finance Act 1988

(Please use **BLOCK CAPITALS**)

| | | | |
|--|-------------|---------------------|--|
| | | Property Reference: | |
| 1. Address of Premises (inc post code) | Description | RV | |
| | | | |

For the purpose of updating the Rating List, please complete this form and return it to the address above within **seven days**

| | | | |
|-----|---|--------------------------------|--|
| 2. | Full name(s) of Rate payer(s) | | |
| | | | |
| 3. | Full name of company / Organisation / and or trading name | Company Number: | |
| | | | |
| 4. | Do you own the Property? | Yes/No | |
| 5. | (If no name and address of landlord) | | |
| | | | |
| 6. | Type of Alteration or New Property | | |
| | | | |
| 7. | Effective date of Alteration or Completion (i.e. when the building is fit for occupation) | | |
| | | | |
| 8. | Date of purchase or tenancy start date | Date of Rateable Occupation | |
| | | | |
| 9. | Do you wish to pay by Direct Debit? | Yes/No | |
| | | | |
| 10. | Address you moved from if you paid Business Rates to WLBC | Previous Account Reference No: | |
| | | N | |
| | | | |
| 11. | Name and address of Solicitor or Agent (if applicable) | | |
| | | | |

I declare that the information given on this application are correct

Name

Signature

Position

Date

| | |
|--|--|
| Correspondence Address (inc post code) | |
| Telephone Number | |
| E-mail address | |

TRADE REFUSE COLLECTION

Your Business Rates DO NOT cover any payments for Refuse Collection.
Please contact the Trade Administration – Telephone 01695 724871