



O'Connor Pharmacy T/A Castle Pharmacy Dublin Road Kilkenny Co Kilkenny

27th September 2016

Valuation Office Property No: 500549 PIN Code: AB35

National Revaluation Programme - Kilkenny County Council

Dear Ratepayer,

The Commissioner of Valuation has signed a Valuation Order for the Kilkenny County Council area and the revaluation of all commercial and industrial properties for rates purposes in that local authority area has now commenced.

The revaluation will take account of rental values in your local authority area and will result in a more equitable distribution of commercial rates among ratepayers. The revaluation will not increase the total rates revenue raised by Kilkenny County Council.

A Valuation Manager will assess the value of your property and set a valuation in line with rental values in your area at the valuation date of 30<sup>th</sup> October 2015. It is envisaged that the new valuations will be published in September 2017 and come into effect for rating purposes from 2018 onwards.

Take notice that pursuant to section 46 of the Valuation Act 2001, as amended by the Valuation (Amendment) Act 2015, you are legally obliged to complete a **Revaluation Information Form** within 28 days from the date of this letter. A person who fails to comply with this requirement or who provides information which is false in a material respect, knowing it to be so false or reckless as to whether it is so false, shall be guilty of an offence and liable to a Class A fine. Please complete the Revaluation Information Form on line by visiting www.valoff.ie and using the Property No and PIN Code printed above. Alternatively, you may complete the attached copy of the Form and return it by post using the enclosed Business Reply Envelope.

The information you provide will be kept confidential and will be used by the **Valuation** Office for the purposes of the valuation process only. Please be advised that an officer of the **Commissioner** of Valuation may call to inspect your property at any time during the revaluation process.

Also enclosed is an Explanatory Guide about the revaluation. Further information is available on the Valuation Office website **www.valoff.ie**.

If you have any queries in relation to the completion of the Revaluation Information Form, or otherwise, you can contact the **Revaluation Helpline** by emailing **ckreval2017@valoff.ie** or by telephoning **01 817 1199**.

Yours faithfully,

Terry Devlin Valuation Manager

Tá leagán Gaeilge den doiciméad seo ar fáil. Seol r-phost chuig ckreval2017@valoff.ie nó glaoigh ar 01 817 1199.



## **Revaluation Information Form**

## You may complete this form on line at www.valoff.ie

Property Number	PIN Code
500549	AB35
(Please use a b	plack pen to complete the form.)

	(Please use a black p	en to complete the forming	
1. Occupiers Details:	ALC: NO CONTRACTOR		
Trading Name			
A			
Contact Name			
В.			
Telephone No			
C.			
Email			
D.			
Name of Managing Agent (if any)			
E. 27 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
2. Ownership Of Premises:		egation at the second of the	
Do you own these premises?	Voc	Mo	
Do you own these premises?	Yes	No	
If "Yes", and you purchased the premises with		<del>-</del>	
		<del>-</del>	
If "Yes", and you purchased the premises with		, please give:	
If "Yes", and you purchased the premises with  Date Of Purchase:  (mm/yyyy)		, please give:	
If " <b>Yes</b> ", and you purchased the premises with  Date Of Purchase: /		, please give:	
If "Yes", and you purchased the premises with Date Of Purchase: / (mm/yyyy)  3. Landlord's Details:		, please give:	
If "Yes", and you purchased the premises with Date Of Purchase: / (mm/yyyy)  3. Landlord's Details:		, please give:	
If "Yes", and you purchased the premises with  Date Of Purchase: /  (mm/yyyy)  3. Landlord's Details:  Landlord's Name		, please give:	
If "Yes", and you purchased the premises with  Date Of Purchase: /  (mm/yyyy)  3. Landlord's Details:  Landlord's Name		, please give:	
If "Yes", and you purchased the premises with  Date Of Purchase: /  (mm/yyyy)  3. Landlord's Details:  Landlord's Name		, please give:	
If "Yes", and you purchased the premises with  Date Of Purchase: /  (mm/yyyy)  3. Landlord's Details:  Landlord's Name  Address	nin the past five years	, please give:  € , , , , , Purchase Price	
If "Yes", and you purchased the premises with  Date Of Purchase: /  (mm/yyyy)  3. Landlord's Details:  Landlord's Name		, please give:	

Revaluation Information Form - Under the Valuation Act 2001 you are legally obliged to complete and return this form.



## **Revaluation Information Form**

	(Flease use a black per	to complete the for	
<b>4. Lease Details:</b> (Where the p	roperty is Leased)		
A. Commencement date of current lease:		1	(mm/yyyy)
B. Length of lease: (For example, 9 years	/25 years)	Years	Months
C. Rent review period: (For example, ever	ry 5 years)	Years	
D. Date of last review:	/	(mm/yyy	y)
E. Annual rent agreed at last review or sta	art of lease:	€ ,	
F. Is this the rent you currently pay:	Yes No		
G. If "No", state current rent payable per	annum (exVAT):	€ ′	
H. Date of next break clause if any:	/	(mm/yyyy)	
5. Who is responsible for paymen	t of? (Fill the ap	propriate boxes)	
A. External repairs:	Landlord	Tenant	Both
B. Internal repairs:	Landlord	Tenant	Both
C. Building Insurance:	Landlord	Tenant	Both
D. Rates:	Landlord	Tenant	Both
6. Rent Free Period:			
Was there a rent free period at the start	of your Lease?	Yes	□ No
If "Yes", how long was the rent free period?		Years	Months
7. Premium Details:			
A. Did you pay a premium at the start of y	our lease?	Yes	No
B. Did you receive a premium at the start	of your lease?	Yes	☐ No
NB. A premium is a capital sum paid over and above relate to monies paid in respect of fixtures, fittings, s			
If you did pay or receive a premium, how	much was it?	€	2 · · · · · · ·
8. Responsibility for fitting out the	e property:	Pa - 7 - 11 1 1 4 1	and the second second
Who was responsible for fitting out the pr		Landlord	Tenant Both
If the fit out occurred within the last 5 yearnd details: (Exclude Furniture & Fittings)	ars, give the approximate o	cost €	, , , , , , , , , , , , , , , , , , , ,

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## **Revaluation Information Form**

(Please use a black pen to complete the form.)	
9. Please indicate how your rent is calculated:	ľ
A. Open market rental value:  D. Indexation (eg. C.P.I):  B. A percentage of turnover:  (Please give details below)  C. A stepped rent agreement:  NB: A stepped rent is where the lease rent is subject to predetermined increases or decreases to the rent determined at the commencement of the lease.  If you wish to provide any additional detail relative to how your rent is calculated please do so here:	
A. How many car spaces do you occupy? Open: Covered:	
B. Please specify floor level of the building occupied. (eg Basement, Ground Floor, 1st floor, etc)	
C. What is the approximate floor area occupied in total:  Square Meters	
D. Please give details of property use: (eg shop, restaurant, factory, warehouse, etc)	
11. If you want to give any additional information, please do so below:  12. I confirm to the best of my knowledge, the above information is correct:	
Signature:	4
/ /	
Name (Block Capitals) (dd/mm/yyyy)	
Position (eg Occupier, Company Director, etc)	
Thank you for completing this form. Please return it in the envelope provided.	

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