

# 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

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Address of property \_\_\_\_\_

Description \_\_\_\_\_

## NAME OF OCCUPIER

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

Forename(s) \_\_\_\_\_

Home address \_\_\_\_\_

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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 \_\_\_\_\_

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

Previous business address \_\_\_\_\_

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Signed \_\_\_\_\_ Date \_\_\_\_\_