

NON-DOMESTIC RATES: VACATION DETAILS

Please complete this form and return to:

BILLING DEPARTMENT

	NUNEATON WARWICKSHIRE CV11 5AA Telephone 024 7637 6534
Uprn	Date of issue
Please state the FULL POSTAL ADDRESS of the property, including post code.	
2. Full name(s) of person vacating property	
(including First Name(s) and Trading Title).	
3. Date of removal of all furniture and effects.	
4. Date tenancy ceased or sale completed.	
5. If you are moving to other business premises	
please supply the full address.	
If you have ceased trading please state your address for correspondence.	

continued overleaf

Signature	Name (Block Capitals)	Telephone Number (home)	Telephone Number (work)	Date	
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c) Selling agent					
b) New owners solicitors name and address					
a) New owners name and address					
9. If you owned the property please state either:					
address.					
8. If you were renting/leasing the property please state the owner/agents name and					
7. Name and address of your solicitor.					