



**Fingal County Council**  
Comhairle Contae Fhine Gall

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P.O. Box 174, Fingal County Hall  
Main Street, Swords, Fingal, Co. Dublin

**Tel:** 8905300  
**Fax:** 8905379  
**E-mail:** [finance@fingalcoco.ie](mailto:finance@fingalcoco.ie)



## APPLICATION FOR REFUND OF RATES ON VACANT PREMISES

PLEASE COMPLETE IN BLOCK LETTERS

Premises:

Rate Account No.  /

Period of vacancy for which a claim for refund is submitted:

From:  /  /  To:  /  /

**Applicants Details:** Name:

Address:

Telephone No.:

Nature of interest in premises (owner/leaseholder)

**Owners Details:** Name:

(If different) Address:

Telephone No.:

### THIS SECTION MUST BE COMPLETED IF THE APPLICANT IS CLAIMING A REFUND IN RESPECT OF VACANCY DUE TO INABILITY TO OBTAIN A SUITABLE TENANT.

Floor area and description of premises:

Name of Letting Agent:

Date Premises placed with Letting Agent:

Please ensure you attach correspondence from Letting Agents confirming dates premises available for letting, copies of newspaper advertisements and any other documentation which confirms premises was available for letting.

### THIS SECTION MUST BE COMPLETED IF APPLICANT IS CLAIMING REFUND IN RESPECT OF VACANCY DUE TO THE EXECUTION OF ADDITIONS, ALTERATION OR REPAIRS TO THE PREMISES.

Specific details of works carried out:

Name of Contractor:

Address of Contractor:

Date of Commencement of Works:  Date of Completion of Works:

Please ensure you attach a Certificate from the Architect, Engineer or Contractor in Charge confirming dates and declaring the time taken for the works was necessary.

### THIS SECTION MUST BE COMPLETED IF THE PREMISES IS CURRENTLY OCCUPIED.

Name of Tenant:

Address of Tenant:

Date Tenant entitled to occupy premises:

**SIGNED:**  **DATE:**

If not the applicant, please state relationship to applicant:

# STATUTORY DECLARATION

I   
residing at

do solemnly and sincerely declare that I am the owner of the premises (person entitled to occupy) viz:

and the premises was unoccupied for the period

from  /  /  to  /  /

for the following purpose or reason:

I, therefore, claim a refund or allowance of such proportion of the County Rate as the law in that behalf provides.

And I make this solemn Declaration, for the satisfaction of Fingal County Council, conscientiously believing the same to be true, and by virtue of the provisions of the Statutory Declarations Act, 1938.

**Signature of Deponent (Applicant)**

Declared before me by

This  day of  200

**Peace Commissioner for the County of**   
**(or Solicitor)**

## FOR OFFICE USE ONLY

Period of vacancy verified Yes  No

Evidence from letting agent/ architect furnished Yes  No

Number of full months allowed Yes  No

Valuation x Rate x Fraction = Refund

Refund calculation

Prepared by

Checked by



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## APPLICATION FOR REFUND OF RATES ON VACANT PROPERTY

Premises:

Rate Account No.:

Dear Sir

Attached is an application form for refund of rates and statutory declaration, both of which should be completed in full and returned to the above address.

A refund of rates on vacant property is calculated at 1/12th of the year's assessment for every completed month (say 20th January to 20th February) during which a premises is vacant. The requirements are as follows:

- The full year's rates must be paid.
- The property must be vacant on the date the rate is made for the year in question.
- The property must be vacant either because the owner was unable to obtain a tenant or it was undergoing refurbishment.

If you require clarification or assistance in relation to the completion of your application, please contact this office at the above number or e-mail [finance@fingalcoco.ie](mailto:finance@fingalcoco.ie)

Rates which fall due while a claim is being processed, remain payable.

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Administrative Officer  
FINANCE DEPARTMENT