

# Certificate of Occupation

(Please complete all sections in BLOCK CAPITALS)

Our contact details are on the reverse of this form



[1] TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
OR THE OCCUPIER

[2] PROPERTY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REF: 

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[3] NAME OF RATEPAYER: \_\_\_\_\_  
N.B. If not a limited company, please state liable persons name with trading name.  
REGISTRATION NUMBER: \_\_\_\_\_  
ADDRESS (of person responsible for payment of rates if different to [2] above).  
\_\_\_\_\_  
\_\_\_\_\_

[4] DATE YOUR OCCUPATION COMMENCED: \_\_\_\_\_  
(This must be the date furniture/equipment was first moved into the premises)

[5] COMPLETION DATE OF PURCHASE/LEASE: \_\_\_\_\_

[6] PLEASE INDICATE PREFERRED METHOD OF PAYMENT: (please tick box)  
 Direct debit     Half yearly (in advance)     Other (please specify) \_\_\_\_\_

[7] IS THIS YOUR ONLY BUSINESS PREMISES THAT YOU PAY RATES FOR IN ENGLAND OR WALES?  Yes  No

[8] PREVIOUS OCCUPIERS DETAILS:  
(Name and address of previous owner/  
occupier if known OR Property Agent/  
Solicitor) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[9] YOUR PREVIOUS ADDRESS:  
(Only complete this section if you were  
responsible for payment of rates at that  
address and are moving from it and  
complete the form overleaf) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I confirm that the above details are correct

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

Name: \_\_\_\_\_ Position in Company: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel No: \_\_\_\_\_

# Certificate of Vacation

(Please complete all sections in BLOCK CAPITALS)

[1] 

PROPERTY ADDRESS:
_____
_____
_____
_____
_____

On completion please return this form to:  
DIRECTORATE OF COMMERCE & TECHNOLOGY  
Pathfinder House, St Mary's Street,  
Huntingdon, PE29 3TN.  
Tel: (01480) 388030  
Fax: (01480) 388320  
Email: [business.rates@huntsdc.gov.uk](mailto:business.rates@huntsdc.gov.uk)

[2] ACCOUNT REF: 

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(IF KNOWN)

[3] NAME OF RATEPAYER: \_\_\_\_\_  
Address (of person responsible for payment of rates if different to [1] above) \_\_\_\_\_

## I confirm that either:-

[4] (a) I CEASED TO OCCUPY the property on: \_\_\_\_\_ (date)  
(all furniture and effects must be removed)

(b) THE PROPERTY BECAME UNOCCUPIED and was totally emptied on: \_\_\_\_\_ (date)

[5] SALE PARTICULARS (if applicable)/ASSIGNMENT OF LEASE  
Date of completion/assignment: \_\_\_\_\_  
Property Agent/Solicitor: \_\_\_\_\_

[6] NEW OWNERS/OCCUPIERS details (if known)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

[7] YOUR FORWARDING ADDRESS (or address final account should be sent to)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Please indicate if you will be responsible for payment of rates at this new address  Yes  No

N.B. If you pay rates by direct debit we will transfer your instruction to your new reference unless advised otherwise.

## I confirm that the above details are correct

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

Name: \_\_\_\_\_ Position in Company: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel No: \_\_\_\_\_

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