

## Non-Domestic Rates Relief Section 44(a) - Application Form

Please use this form to apply for part occupied rate relief in accordance with section 44a of the Local Government Finance Act 1988.

This application form should be used where part of the property is empty and cannot be split by the Valuation Office Agency. Any award will be for a temporary period only. Depending on the type of property the relief can be limited to three to six months or a maximum of one year.

Where the information supplied is satisfactory, we will send the request to the Valuation Office Agency who will then apportion the rateable value and issue a certificate to the Council. This certificate will be used to amend the account and be used for audit verification. A scale plan must be attached to this application detailing the unoccupied area to enable a decision to be made.

If your application is successful, a revised bill will be issued detailing the amended balance. If your application is unsuccessful, we will advise you in writing.

Please note that your current rates remain payable while we consider this application.

Please refer to the policy/guideline document on our website, or contact us for a copy.

Please return with all supporting information to:

Mansfield District Council  
Business Rates Team  
Revenues and Benefits Service  
Civic Centre  
Chesterfield Road South  
Mansfield  
Nottinghamshire  
NG19 7BH

**Account number:**  
(you will find this on the rate demand)

**Ratepayer's name:**

**Address of rated premises:**

**Correspondence address:**  
(if different)

**Owner details:**

**Description of rated premises:**  
(You will find this on the rate demand)

**Rateable value:**  
You will find this on the rate demand)

**Your website address:**  
(if applicable)

Please complete in **black** ink and answer all questions as fully as possible.

1. Give details of the area of the property which is empty/unoccupied

2. The reason for the unoccupied area

3. Dates the area is unoccupied:  
(provide if appropriate)

from

d	m y

to

d	m y

4. Please enclose a 'to scale plan' showing the unoccupied area

### Declaration

I confirm that all information given in this form is true to the best of my knowledge and belief. I understand if any information that I give is found to be inaccurate, my application will be disqualified with immediate effect.

Signature:

Date:

Name:

(Please print in block capitals)

Capacity in which signed:

(Please print in block capitals)

Daytime telephone number:

Email address: