

Application for Revision of the Valuation List Domestic Properties



Please complete in CAPITAL letters using blue or black ink

Details of the property

Property ID (if known)

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Capital value

£

Property address _____

_____ Postcode _____

If part of this property is used for non domestic purposes please state NAV

£

Your details

Title (Mr /Mrs/Ms etc.) _____ Name _____

Address if different from above _____

_____ Postcode _____

Phone Number (daytime) _____ FAX _____

Mobile _____ Email address _____

Are you the owner tenant agent other? (Please tick box)

If 'other', please give more details _____

Signature _____ Date _____

Reasons for contacting us

Is the information we hold on your property wrong? Yes No

If 'yes', please say why _____

Is there something adversely affecting your property, which you think we should take into account, (for example, a landfill site)? Yes No

If 'yes' please tell us what this is _____

Do you disagree with the capital value for some other reason? Yes No

If 'yes', please tell us why _____

Please tell us the best time to telephone you between 9am and 5pm Monday to Friday and on which of the numbers you have provided.

Office use only

Date received _____

Registration no. _____

Please return to:

Land and Property Services,
Central Registration Team,
Queens Court, 56-66 Upper Queen Street,
Belfast BT1 6FD