



# Proposal to alter the 2010 rating list

*This form may be used to make an appeal to alter an entry in a rating list. All sections should be answered fully, as failure to do so may invalidate this proposal. Please try to answer in as much detail as possible.*

## PART A - Details of the property/rating assessment

**1** Addresses of the properties to which this proposal relates (please put each additional address on a new line)

**6** Effective dates shown in the list (please put each date on a new line and keep them in the same order as the addresses in question 1)

**7 a)** Are you the current occupier?

Yes                      No                      occupier of part

**b)** The date the proposer became the ratepayer

**c)** The date the proposer ceased being the ratepayer

**2** Description of the properties to which this proposal relates (please put each description on a new line and keep them in the same order as the addresses in question 1)

**8** If the properties are owner occupied please tick  
If the properties are **NOT** owner occupied please state the name of the owner

**3** Name of proposer

**9** Owners address

**4** Address of proposer

**10** Name of billing authority

**5** Rateable values (please put each rateable value on a new line and keep them in the same order as the addresses in question 1)

**11** Billing Authority Reference Number

**12** NLPG UPRN number

**13** I propose that the rating list entry shown for the above properties should be altered as follows

If 'Other' please specify

Effective date from

Effective to

Proposed new address

Existing entries      Merged into  
(insert numbers)

## PART C - Grounds for the proposed list alteration

**14** I have reason to believe the rating list is inaccurate and that the alteration proposed in **PART B** of the form should be made because

**15** My detailed reasons for believing that the rating list is inaccurate are

**16** Capacity in which this proposal is made

- |                |                          |                               |
|----------------|--------------------------|-------------------------------|
| Occupier       | Agent for Occupier       | Former Occupier               |
| Owner          | Agent for Owner          | Agent for former Occupier     |
| Owner/Occupier | Agent for Owner/Occupier | Other capacity (please state) |

**17** Name

**20** Email address

**18** Address for correspondence

**21** Your reference (if applicable)

**19** Daytime telephone number

**22** Signed

Date

Once completed, save the form, attach to an email and send to [ndr@voa.gsi.gov](mailto:ndr@voa.gsi.gov)