

Invoice No. _____
Invoice Amount € _____
Incident Date _____
Customer No. _____



Kildare County Council
Comhairle Chondae Chill Dara
Application Form for Waiver of Fire Service Charge

Section A: Personal Details

1. Name of Applicant _____ 2. Telephone No. _____
3. Address of Applicant _____

Section B: Social Welfare Details

4. If you are in receipt of Social Welfare Payments please arrange for the following section to be completed and stamped in your Social Welfare Office:

I certify that: Name _____ Address _____

is in receipt of: Type of Payment _____ effective from _____

and is being paid at the rate of € _____ per week. PPS Number: _____

Social Welfare Stamp:

Signed/Title _____

Date _____

Section C: Pension Details

5. If you are in receipt of an Old Age Pension Payment please complete the following:

Type of Pension: Contributory Non-Contributory Pension Book No. _____

Amount of Pension Weekly/Monthly € _____ Commencement Date of Pension ____/____/____

Section D: Insurance Details

6. Is the premises to which the fire service charge applies insured? Yes No (tick as appropriate)

7. Does the insurance cover the fire service charge? Yes No (tick as appropriate)

(If NO please submit a letter from your insurance company on headed paper stating that charge is not covered)

Section E: Employment Details

8. If you are Employed please arrange for the following section to be completed by your employer:

I certify that: Name _____ Address _____

Is employed by (Company Name) _____ has gross annual earnings of € _____

Signed/Title _____ Date _____

Section F: Other Details9. Particulars of **ALL OTHER** persons residing with you:

Name	Age	Relationship to Applicant	Occupation	Weekly Income (employment, social welfare, pension)

Section H: Declaration

11. I hereby declare that the foregoing particulars are true, correct and complete to the best of my knowledge and I authorise Kildare County Council to make any necessary enquiries to validate my application.

Signature of Applicant _____ Date _____

N.B PLEASE COMPLETE ALL SECTIONS AND PUT N/A THROUGH ANY SECTION WHICH DOES NOT APPLY TO YOU

**Please Return Completed Forms to:
Central Fire Station, Newbridge, Co Kildare**

For Official Use Only

Recommendation:- Grant ☐
 Refuse ☐

Approved by _____ Date _____