

Ref: FS _____

Leitrim County Council

Application for Waiver of Fire Charge



Name of Applicant: _____ Date of Birth: _____

Full Address: _____

_____ Contact Telephone _____

Address where incident took place _____ Date of Incident _____

<u>Name of all persons in household (including applicant)</u>	<u>Age</u>	<u>*Income (per week / month)</u>	<u>Source</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**P.60/Wages Slip/Social Welfare Receipt must be attached*

Medical Card No.: _____

State any other circumstances which may be relevant for a Waiver of Charge:

Name & Address of Insurance Company _____

(Please submit confirmation from insurance company that they are not reimbursing you for fire service charge)

Applicant's Declaration:

"I declare that the information given in this application is accurate, to the best of my knowledge and belief and that no other income is being received by me or by my spouse or other household member apart from that declared."

Signed: _____ Date: _____

Completed Application Forms Should Be Forwarded To: Leitrim County Council
Fire Station
Carrick On Shannon
Co. Leitrim

- IMPORTANT!** Please make sure you have enclosed:
- ✓ Evidence of all household income
 - ✓ Confirmation from your insurance company that they are not reimbursing you for the Fire Service Charge