Domestic Waste Water Treatment Systems Grant for houses in Prioritised Areas for Action

Claim Payment Form DWWTS PAA (b)

Water Services Section

Dún Laoghaire/Rathdown County Council

Ballyogan Operations Centre

Ballyogan Road

Dublin 18

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GRANT PAYMENT CLAIM FORM

Works for the remediation, repair, upgrade or replacement of Domestic Waste Water Treatment System (DWWTS) in a Prioritised Area for Action, where a person has been approved by a local authority for a grant.

- Please read the information notes before completing the claim form.

- All questions on the form must be answered and where specified, supporting documents must be provided. Incomplete forms, or those which are not accompanied by the appropriate documents, will <u>not</u> be processed.

- Work must NOT have started before the local authority or its representative's initial visit. If work started before that date, the claim will not be considered.

- The grant scheme is administered by local authorities. Any enquiries should be addressed to the local authority's Rural Water Liaison Officer.

- All forms to be used can be obtained from the local authority, who will provide assistance with completing them, if required.

- The local authority reserves the right to make any necessary enquiries to verify information or for clarification of supporting documents provided with a grant application. An application that includes false or misleading information or documents will not be approved for a grant.

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1. Details of the Applicant	
Name of applicant (in block capitals):	
Address (location of DWWTS): EIRCODE (required):	

Daytime telephone no:	
E-mail address:	

2. General description and cost of works carried out, as detailed by a competent person (itemised receipt(s) must be provided when the works are completed)

3. Details of Contractor(s) (e-Tax Clearance Certificate printout for each contractor _must_ be provided if different from the contractor listed on the application form)

Contractor 1	Contractor 2 (if applicable)
Contractor name:	Contractor name:
Contractor address:	Contractor address:
EIRCODE:	EIRCODE:

4. Declaration

I declare that the information provided by me on this grant payment claim form is correct and I understand that the provision of any false or misleading information or invalid supporting documents may result in this claim being cancelled.

Signature of claimant: _____

Date: _____