**Claim Form – Domestic Lead Remediation Grant Scheme**

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| --- | --- |
| 1. **Details of the applicant** | |
| Name of applicant (in BLOCK): |  |
| Address (location of property):  Eircode: |  |
| Daytime telephone No: |  |
| E-mail address: |  |
| 1. **General description and cost of works carried out (Itemised receipt(s) detailing all costs/works must be provided when the works are completed):** | |
|  | |
| 1. **Details of contractor(s**): (print out of e-Tax Clearance for each contractor *must* be provided) | |
| Contractor 1 | Contractor 2 (if applicable) |
| Contractor name: | Contractor name: |
| Contractor address:  Eircode: | Contractor address:  Eircode: |
| 1. **Irish Water Customer Opt-in Lead Replacement Scheme** | |
| 1. Is the claimant an Irish Water customer? | Yes 󠄀󠄀 No 󠄀󠄀 |
| 1. If yes, has the claimant availed of the Opt-in Lead Replacement Scheme? | Yes 󠄀󠄀 No 󠄀󠄀 |

**DECLARATION**

**I declare that the information provided by me on this application form are 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:**

# **CHECK LIST**

Please ensure that the following documentation is included with your claim for payment of grant aid:

* Evidence of a requirement to replace lead pipes and related fittings, as detailed in Section 2 of the Terms and Conditions,
* Proof of payment, including original receipts showing itemised list of all work(s) carried out and for any other eligible costs,
* Proof of Tax Clearance status for each contractor engaged, as outlined in Section 6 of the Terms and Conditions.

**Please submit the fully completed Form DLRG 1a and supporting documentation to your Local Authority office at the address below:**

Water Services Section

Municipal Services Dept.

DLR County Council

County Hall

Marine Road

Dún Laoghaire

Co. Dublin

**E-mail:** [**wsenquiries@dlrcoco.ie**](mailto:wsenquiries@dlrcoco.ie)

**Phone: (01) 2054 795**