Sligo County Council Claim form – Domestic Lead Remediation	
Grant Scheme	

1. Details of the applicant		
Name of applicant (in BLOCK):		
Address (location of property):		
Eircode:		
Daytime telephone No:		
E-mail address:		
2. General description and cost of works	carried out (Itemised receipt(s) detailing	
all costs/works must be provided whe	en the works are completed):	
3 Details of contractor(s): (print out of o	Tax Clearance for each contractor <i>must</i> be	
provided)	Tax clearance for each contractor <u>must</u> be	
Contractor 1	Contractor 2 (if applicable)	
Contractor name:	Contractor name:	
Contractor address:	Contractor address:	
Eircode:	Eircode:	
4. Irish Water Customer Opt-in Lead Replacement Scheme		
(a) Is the claimant an Irish Water customer?	Yes No D	
(b) If yes, has the claimant availed of the	Yes 🗆 No 🗆	
Opt-in Lead Replacement Scheme?		

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.

FORM DLRG 1a

Please submit the <u>fully</u> completed Form DLRG 1a and supporting documentation to your Local Authority Office at the address below:

Water Services,

Sligo County Council,

Old Jail Building,

St. Anne's,

Sligo,

County Sligo.

F91 VW35