

SLIGO COUNTY COUNCIL

APPLICATION FOR WAIVER/REDUCTION OF FIRE BRIGADE CHARGES

1. Name of Applicant: _____ Date of Incident: _____
2. Address: _____ Fire Report No: _____
- _____ Brigade Attended: _____
- _____ Invoice No: _____
- Telephone Number: _____ Mobile No: _____
3. Customer ID: _____ 4. Occupation: _____
5. Employer (if any): _____
6. Weekly Income: _____

Particulars of all persons normally resident in the Household:

NAME	RELATIONSHIP TO APPLICANT	AGE	OCCUPATION	EMPLOYERS NAME (IF ANY)	WEEKLY INCOME (Gross)

7. Is the Vehicle/Premises/Property to which the fire service charge applies insured? YES / NO

8. Does your insurance company cover the fire service charge? YES / NO

NB - If no, please submit a letter from your insurance company on headed paper stating that the charge is not covered

Note - An application for a reduction of a fire service charge will only be entertained for the amount of the charge or for part of charge that is not recoverable from an insurance company or from any other source.

9. If there are any further particulars that you wish to add in support of your application, please give details:

10. AUTHORISATION TO OBTAIN ANY FURTHER INFORMATION REQUIRED

I hereby authorise Sligo County Council to make any further enquiries they deem necessary in order to verify the accuracy of my application (i.e. from the Department of Agriculture, the Department of Social Welfare, Health Board, Revenue Commissioners, etc. etc.)

Signed: _____
(Applicant)

Date: _____

11. DECLARATION (Must be completed in all cases)

I declare that the information supplied is correct and represents the true statement of my financial circumstances.

Signed: _____
(Applicant)

Date: _____

N.B. A FALSE DECLARATION WILL RESULT IN THE LOSS OF YOUR WAIVER ENTITLEMENT.

PROOF OF INCOME (see notes for guidance)

PART A – APPLICANTS EMPLOYED

Certificate of Applicants' Income

I certify that _____

is employed by me/us _____

Gross Weekly Income: _____ Net (take home) weekly income _____

Date of commencement of employment: _____

Date: _____ Signed: _____

Employer/on behalf of Employer

Position: _____

Address: _____

**OFFICE
STAMP**



PART B – APPLICANTS ON PENSION OR SOCIAL WELFARE ALLOWANCE

I hereby certify that _____ is at present in receipt of the sum of

€ _____ per week in respect of _____

[nature of benefit.(exclude living alone and fuel allowance)]

Date: _____ Signed: _____

Position: _____

Employment Exchange/Post Office: _____

Pension Book No: _____

**OFFICE
STAMP**



PART C– APPLICANTS DERIVING THEIR INCOME FROM FARMING

Particulars of all lands (owned or leased or other income held separately and not included above by applicant or by member of applicants household:

Land _____ acres _____ Location: _____

Total Profit from Farming activities € _____

Other Income: Source: _____ Amount: _____

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY:

Application Granted Amount: € _____

Refused

Signed: _____

Date: _____

NOTES ON COMPLETION OF APPLICATION FOR WAIVER OF FIRE SERVICE CHARGES

1. Eligibility for waiving/partial waiving of fire service charges is based on total household income.

Applicants should note that where a waiver is requested for a Chimney Fire that only one waiver application will be considered by Sligo Fire Service for each individual. Subsequent applications for chimney fire by the same applicant or from the same premises will not be considered.

Waiver Scheme Income Brackets (Weekly) Single Income

Minimum Income Level	Maximum Income Level	Discount Allowance
Nil	€240.00	100%
€240.01	€440.00	50%
€440.01	Over	NIL

Waiver Scheme Income Brackets (Weekly) 2+ person Household Income

Minimum Income Level	Maximum Income Level	Discount Allowance
Nil	€440	100%
€440.01	€840	50%
€840.01	Over	NIL

Waiver Scheme Allowance Per Household

Per Household Member	Maximum Discount
Dependent Adult	€20.00
Children	€15.00 (Per Child for First Four Children)
Children	€20.00 (Per Additional Child)

Single Applicant in receipt of Old Age Pension - 100% Waiver

2. Examples of Proof of Income:-

- Applicants Employed - Please have the Proof of Income (Part A) completed by your employer or attach Employment Detail Summary (replacement for P.60) for year ended 31st December. Part A must be completed in respect of every member of the household who is at present in receipt of income of any kind. Further copies of the form may be obtained on request if necessary.
- Applicants on Pension or Social Welfare Allowances:- Please have Proof of Income (Part B) completed by the Department of Social Welfare or An Post as appropriate. Part B must be completed in respect of every member of the household who is at present in receipt of Social Welfare benefit of any kind including Unemployment Assistance or Benefit, Disability Benefit, Occupational Injuries Benefit, Old Age Pension or Widows Pension, or pension of any kind. Further copies of the form may be obtained on request if necessary.
- Applicants deriving their living from farming - Please complete Proof of Income (Part C) and enclose Form P21.

3. Single applicant, living alone, in receipt of **statutory old age pension** and living alone allowance, as only source of income will qualify for 100% waiver of fire charge. **Fully completed waiver must be submitted.**

4. Forms, which are not completed in ALL respects, will be returned to the applicant.

5. Completed Application Forms together with proof of income should be returned to the Fire Service Section, Sligo County Council, County Hall, Riverside, Sligo.