

Claim form – Domestic Lead Remediation Grant Scheme

1. Details of the applicant	
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Name of applicant (in BLOCK):	
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Address (location of property):	
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Eircode:	
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Daytime telephone No:	
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E-mail address:	
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2. General description and cost of works carried out (Itemised receipt(s) detailing all costs/works must be provided when the works are completed):

3. Details of contractor(s): (print out of e-Tax Clearance for each contractor <i>must</i> be provided)

Contractor 1	Contractor 2 (if applicable)
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Contractor name:	Contractor name:
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Contractor address:	Contractor address:
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Eircode:	Eircode:
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4. Irish Water Customer Opt-in Lead Replacement Scheme

(a) Is the claimant an Irish Water customer?	Yes	No
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(b) If yes, has the claimant availed of the Opt-in Lead Replacement Scheme?	Yes	No
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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:

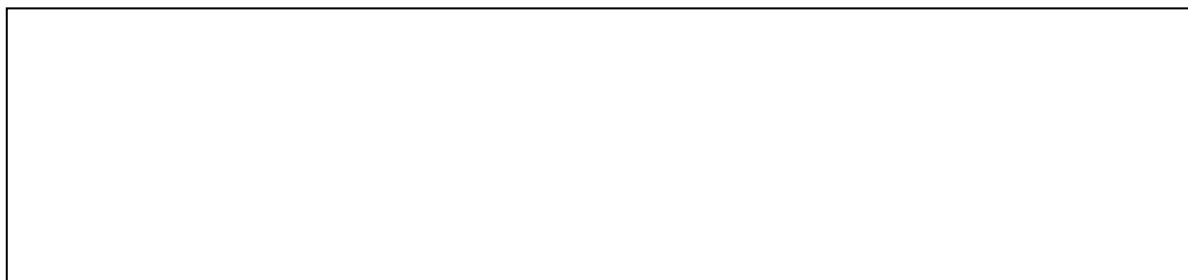
Post:

Rural Water Section
Longford County Council Great Water Street
Longford
N39 NH56

Email:

ruralwater@longfordcoco.ie

FORM DLRG 1a

A large, empty rectangular box with a thin black border, positioned in the upper left quadrant of the page. It is intended for the user to provide information or a response.