

**Official Use**

Invoice No. \_\_\_\_\_

Invoice Amt. € \_\_\_\_\_

Reference No. GY \_\_\_\_/\_\_\_\_/\_\_\_\_

Incident Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**Galway County Council**  
**Comhairle Chontae na Gaillimhe**  
**Application Form for Waiver of Fire Service Charge**

**Section A: Personal Details**

1. Name of Applicant: \_\_\_\_\_ 2. Telephone Number: \_\_\_\_\_

3. Address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_**Section B: Social Welfare Details**4. If you are in receipt of **Social Welfare** Payments please arrange for the following section to be completed & stamped in your Social Welfare Office:

I certify that: Name \_\_\_\_\_ Address \_\_\_\_\_

Is in receipt of: Type of Payment \_\_\_\_\_ effective from \_\_\_\_\_

And is being paid at the rate of € \_\_\_\_\_ per week. PPS Number: \_\_\_\_\_

Signed/Title \_\_\_\_\_ Date \_\_\_\_\_

Official Stamp

**Section C: Pension Details**5. If you are in receipt of **Pension** Payments please complete the following section & arrange to have it stamped at your local post office or alternatively provide appropriate receipts or proof of payments:Type of Pension: Contributory  Non-Contributory  Pension Book Number: \_\_\_\_\_

Amount of Pension:(Weekly/Monthly) € \_\_\_\_\_ Commencement Date of Pension: \_\_\_\_/\_\_\_\_/\_\_\_\_

Post Office Official Stamp

**Section D: Insurance Details**6. Is the vehicle/premises to which the fire service charge applies insured? Yes  No  (tick as appropriate)7. Does the insurance cover the fire service charge? Yes  No  (tick as appropriate)

(If NO please submit a letter from your insurance company on headed paper stating that charge is not covered)

**Section E: Employment Details**

8. If you are **Employed** please arrange for the following section to be completed by your employer:

I certify that: Name \_\_\_\_\_ Address \_\_\_\_\_

Is employed by (Company Name) \_\_\_\_\_ Has gross annual earnings of € \_\_\_\_\_

Signed/Title \_\_\_\_\_ Date \_\_\_\_\_

**Section F: Other Details**

9. Particulars of **ALL OTHER** persons residing with you:

Name	Age	Relationship to Applicant	Occupation	Weekly Income (employment, social welfare, pension)

**Section G: Medical Card**

10. If you are in receipt of a **Medical Card** please enter the card number here: \_\_\_\_\_

**Section H: Declaration**

11. I hereby declare that the foregoing particulars are true, correct and complete to the best of my knowledge and I authorise Galway County Council to make any necessary enquiries to validate my application.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Peace Commissioner, Member of Garda Siochana, Revenue Collector, Elected Representative, etc)

Occupation of Witness: \_\_\_\_\_ Witness Stamp (if applicable)

**N.B. Complete ALL Sections & Put N/A Through Any Section Which Does Not Apply To You**

**Please Return Completed Forms To:**

**Fire Service Charges Section, Galway Fire Station, Fr. Griffin Road, Galway**

If You Have Any Queries Relating To This Form Please Contact Galway Fire Station on **091 570900**