

**Foirm Iarratais maidir le  
Tarscaoileadh i leith Muirir  
Seirbhíse Dóiteáin**



Comhairle Chontae na Gaillimhe  
Galway County Council

**Application Form for  
Waiver of  
Fire Service Charge**

Tá an fhoirm seo le fáil i gcló mór chomh maith

This form is also available in large print

Tá míle fáilte an fhoirm seo a líonadh i nGaeilge

Roinn A: Pearsanta		Section A: Personal Details
Ainm an Iarratasóra	Name of the Applicant	
Seoladh an Iarratasóra	Address of Applicant	
Cód Poist	Postcode	
Dáta Breithe an Iarratasóra	Date of Birth of Applicant	
Uimhir Theileafóin	Telephone Number	

Roinn B: Mionsonraí Leasa Shóisialaigh		Section B: Social Welfare Details
Má tá Íocaíochtaí Leasa Shóisialaigh á bhfáil agat, déan socrú chun an roinn seo a chomhlánú & a stampáil i d'Oifig Leasa Shóisialaigh		If you are in receipt of Social Welfare Payments, please arrange for the following section to be completed and stamped in your Social Welfare Office
Deimhnímse go bhfuil: Ainm	I certify that: Name	
Seoladh	Address	
Cód Poist	Postcode	
Ag fáil: An Cineál Íocaíochta	Is in receipt of: Type of payment	
Le héifeacht ón	Effective from	
Agus go bhfuil an íocaíocht sin á híoc de réir ráta	And is being paid at the rate of	€ _____ in aghaidh na seachtain/per week
Uimhir PPS	PPS Number	
Síniú/Teideal	Signed/Title	
Dáta	Date	

Stampa Oifigiúil	Official Stamp

<p align="center"><b>Roinn C: Mionsonraí Pinsin</b></p> <p><b>Má tá Íocaíochtaí Pinsin á bhfáil agat, comhlánaigh an roinn seo, le do thoil &amp; déan socrú chun é a stampáil i do phost-oifig áitiúil nó, mar mhalairt air sin, cuir admhálacha cuí ar íocaíochtaí nó cruthúnas ar íocaíochtaí ar fáil:</b></p>	<p align="center"><b>Section C: Pension details</b></p> <p>If you are in receipt of pension payments please complete the following section and arrange to have it stamped at your local post office or alternatively provide appropriate receipts or proof of payments:</p>
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<b>Cén sort Pinsin:</b>	<b>Type of Pension:</b>
<b>Ranníocach</b>	Contributory
<b>Neamhranníocach</b>	Non-contributory

<b>Uimhir an Leabhair Phinsin:</b>	Pension book number	
<b>Méid an Phinsin:</b> (in aghaidh na seachtaine/míosa)	Amount of pension: (weekly/monthly)	
<b>Dáta Tosaithe an Phinsin</b>	Commencement Date of Pension	

<b>Stampa Oifigiúil na Post-Oifige</b>	<b>An Post Official Stamp</b>

<b>Roinn D: Mionsonraí Árachais</b>	<b>Section D: Insurance details</b>	
<b>An bhfuil an fheithicil/an t-áitreabh lena mbaineann an muirear seirbhíse dóiteáin faoi árachas?</b>	Is the vehicle/premises to which the fire service charge applies insured?	<b>Tá/Yes</b> <input type="checkbox"/> <b>Níl/No</b> <input type="checkbox"/>
<b>An gclúdaíonn an t-árachas an muirear seirbhíse dóiteáin?</b>	Does the insurance cover the fire service charge?	<b>Tá/Yes</b> <input type="checkbox"/> <b>Níl/No</b> <input type="checkbox"/>
<b>Más Níl, le do thoil, cuir eitir isteach ó do chomhlacht árachais, ar pháipéar ceannteidil, ag lua nach bhfuil an muirear clúdaithe.</b>	If No, please submit a letter from your insurance company on headed paper stating that the charge is not covered.	

<b>Roinn E: Mionsonraí</b> <b>Más duine Fostaithe thú, déan socrú le d'fhostóir an roinn seo a leanas a chomhlánú.</b>	<b>Section E: Employment details</b> If you are employed, please arrange for the following section to be completed by your employer.
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Soinn G: Aon ioncam eile		Section G: Any other income
Foinse an Ioncaim Source of Income	Ball Teaghlaigh a bhéas dhá íoc Member of Household to whom payable	Ioncam Seachtainiúil in € Weekly income €

Soinn H: Cárta Liachta		Section H: Medical Card
Má tá Cárta Liachta agat, tabhair uimhir an chárta anseo le do thoil	If you are in receipt of a Medical Card please enter the card number here:	

Rionn I: Dearbhú		Section I: Declaration
Dearbhaím leis seo go bhfuil na sonraí sin roimhe seo fíor, ceart agus iomlán de réir mar is fearr is eol dom agus údaraím do Chomhairle Chontae na Gaillimhe aon fhiosrúcháin riachtanacha a dhéanamh chun m'iaratas a bhailíochtú		I hereby declare that the foregoing particulars are true, correct and complete to the best of my knowledge and I authorize Galway County Council to make any necessary enquires to validate my application.
Síniú an Iarratasóra	Signature of applicant	
Dáta	Date	

An-tábhachtach - Comhlánaigh GACH alt agus cuir 'N/A' trí aon alt nach mbaineann leat	N.B Complete ALL Sections and put N/A through any Section which does not apply to you
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Seol an fhoirm ar ais chuig: An Roinn Airgeadais Comhairle Chontae na Gaillimhe Áras an Chontae Cnoc na Radharc Gaillimh	Return to: Finance Unit Galway County Council Áras an Chontae Prospect Hill Galway	Tel (091) 509126 / (091) 509178 Fax (091) 509018 <a href="mailto:fireinvoices@galwaycoco.ie">fireinvoices@galwaycoco.ie</a> <a href="http://www.gaillimh.ie">www.gaillimh.ie</a> <a href="http://www.galway.ie">www.galway.ie</a>
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