



Kilkenny County Council
County Hall,
Johns Street,
Kilkenny.



NOTES ON COMPLETION OF APPLICATION FOR WAIVER OF FIRE and RESCUE SERVICE CHARGES

PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETION OF WAIVING APPLICATION

Eligibility for waiving/partial waiving of fire service charges is based on total household income. To enable a decision to be made on your application, please ensure that you have answered each question fully. Particular note should be made of the following:

1. **EVIDENCE OF INCOME:** Evidence of all household income must be produced in support of the application for waiving of fire charges. The evidence required is as follows:
 - a. Unemployment Assistance/Benefit. The application must be stamped by the employment exchange (Certificate from Social Welfare Officer).
 - or
 - b. Old age/widow's pension. Pension book number should be quoted and you should be prepared to produce your pension books for inspection by revenue collector or at the County Council Offices if required.
 - or
 - c. Wages from Employment. A certificate from your employer showing net weekly income i.e. gross less P.A.Y.E. and P.R.S.I. must accompany the application.
2. Omission or failure to disclose any household income or failure to supply any other information sought by the Council in relation to the application may result in rejection of the application.
3. The completed application form should be returned to the Kilkenny County Council, Finance Section, County Hall, John Street, Kilkenny as soon as possible. You will be notified of the decision on your application in due course.

Please return fully completed application form to
Kilkenny County Council,
Finance Section,
County Hall,
Johns Street,
Kilkenny.



**KILKENNY COUNTY COUNCIL
 LOCAL GOVERNMENT FINANCIAL PROVISIONS (No 2) ACT 1983
 APPLICATION FOR WAIVER OF FIRE and RESCUE SERVICE CHARGES**

Employment
 Exchange
 Stamp
 Here

Date of Incident:		Invoice No:		Amount Due	€
Fire Report No:		Type of Incident:			
Name of Applicant:					
Address of Applicant:					

Do you have House/Car Insurance? YES NO (tick as appropriate)
 Does this Insurance cover this Fire Brigade Callout Charge? YES NO
 (If NO, please submit a letter from your Insurance Company stating that the charge is not covered.)

Give details of weekly income derived by you (Please read attached notes before completion)

Name of applicant and all members of household	Age	Occupation	Total Amount of Weekly Income	Sources of Income Pension Book Number, etc.

I hereby declare that the information given above is true, that no relevant information has been deliberately omitted, and I hereby claim waiving of Fire Service Charge due by me.

SIGNATURE: DATE:

FOR OFFICIAL USE ONLY:

Application Granted: Refused:

I have examined this application and wish to confirm that it is correct:-

SIGNATURE: DATE:

I have examined this application and am satisfied with this declaration.

Cost of Incident	€
Amount of Waiver % Granted	%
Amount of Waiver Granted:	€