

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: _____

3. Age: _____ 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

7. Details of Land owned/Leased by Applicant: _____

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

9. 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: _____ Date: _____
(Applicant)

10. I hereby declare that the information given on this application form is accurate.

Signed: _____ Date: _____
(Applicant)

Note:

- **Completed Application Forms together with proof of income should be returned to the Chief Fire Officer, Sligo Fire Station, St. Anne's Place, Sligo County Council**
- **Applications which are found to be incomplete and/or misleading in any respect, will not be considered**
- **Forms, which are not completed in ALL respects, will be returned to the applicant**
- ***Please provide proof of income with your completed application form. Persons in receipt of a pension or social welfare benefit may produce a copy of Paying Order or Pension Book.***

FOR OFFICE USE ONLY:

Application Granted Amount: € _____

Refused

Signed: _____

Date: _____
