**Claim form – Domestic Lead Remediation Grant Scheme**

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| --- |
| 1. **Details of the applicant**
 |
| Name of applicant (in BLOCK): |  |
| Address (location of property):Eircode: |  |
| Daytime telephone No: |  |
| E-mail address: |  |
| 1. **General description and cost of works carried out (Itemised receipt(s) detailing all costs/works must be provided when the works are completed):**
 |
|  |
| 1. **Details of contractor(s**): (print out of e-Tax Clearance for each contractor *must* be provided)
 |
| Contractor 1 | Contractor 2 (if applicable) |
| Contractor name: | Contractor name:  |
| Contractor address:Eircode: | Contractor address: Eircode: |
| 1. **Irish Water Customer Opt-in Lead Replacement Scheme**
 |
| 1. Is the claimant an Irish Water customer?
 | Yes 󠄀󠄀 No 󠄀󠄀  |
| 1. If yes, has the claimant availed of the Opt-in Lead Replacement Scheme?
 |  Yes 󠄀󠄀 No 󠄀󠄀  |

**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:**

*Wexford County Council*

*Rural Water Section*

*County Hall,
Carricklawn,
Wexford,
Y35 WY93*