WEXFORD COUNTY COUNCIL APPLICATION FOR A REDUCTION OF FIRE SERVICE CHARGES

1. Applicant's Name:			Custom	Customer No:	
2. Address:					
3. Eircode:					
4. Applicant's Age:					
5. Telephone No:			Mobile:		
6. E-mail address:					
7. Source of Income	•		Weekly	Amount	
			€		
		-			
8. Details and amou	nt of any other sour	ce of incom	16:		
PLE	ASE NOTE ALL IN	COME MU	ST BE CERTIFIE	D	
i.e. Form	may be stamped by	employer o	or Social Welfare O	ffice.	
Or enclo	se payslip, bank stat	ement, rece	ipt from Post Office	e, etc.	
If you are self emplo previous year.	yed, please submit a	accounts ar	nd Notice of Asses	sment for	
9. List details of ALI	<u>L OTHER</u> persons re	siding with	you.		
NAME	RELATIONSHIP TO APPLICANT	AGE	SOURCE OF INCOME	AMOUNT OF WEEKLY INCOME	
				INCOME	
10. If there are other details. You may use				pay, please give	
	DEO at the information gi d I hereby apply for a		and supplied with t		
0101155					
SIGNED:		DATE:			
SIGNED:		DATE:			

Please return to: Wexford County Fire Service HQ, Clonard Avenue, Wexford, Y35 DK54. Telephone: 053 9196585 or 053 9196306



Dear Customer,

The enclosed invoice is for fire brigade assistance charges (details of location and breakdown of charges on invoice).

Fire Charges:

Domestic Incidents / Chimney Fires
Non domestic Incidents/Call-Outs

€350.00 flat fee

€700.00 per appliance per hour or part thereof

Under Section 35(3) of the Fire Services Acts 1981 & 2003, a Fire Authority is entitled to charge <u>users</u> or <u>beneficiaries</u> of a Fire Service for services which it provides.

Please note that there is a 10% discount available on the amount due if it is paid within 21 days.

Fire brigade assistance charges are normally covered by **property/motor insurance**. You are advised to check with your insurance company. You may be able to include the cost of fire brigade assistance in any claim you may make. If you have made a **valid claim** & wish to grant the Fire Authority permission to contact your insurance company, please provide details & sign below:

Insurance Company / Broker:	
Name of Insured:	Customer No:
Policy No:	Claim Ref:
Signature:	Tel/Mobile No:

Wexford County Council operates a waiver scheme for fire brigade assistance charges. The scheme is means tested and an application form is enclosed overleaf. If you are in receipt of any form of social welfare e.g. job seeker's allowance, old age pension, etc, please complete the form and return to the address below.

If you have any queries in relation to this invoice, please contact:

Wexford County Fire Service HQ, Clonard Avenue, Wexford, Y35 DK54. Tel: 053 9196585 or 053 9196306

Fax: 053 9184197

E-mail: firedept@wexfordcoco.ie