

## COVID-19 Rates Registration Form for Impacted Ratepayers

Form for ratepayers impacted by COVID-19 (Coronavirus) to register their details and the difficulties experienced as a direct result of the ongoing COVID-19 situation. All queries should be emailed to [covid.19rates@wexfordcoco.ie](mailto:covid.19rates@wexfordcoco.ie)

Rate Account Number	<input type="text"/>	This number can be found on your Rate Bill								
Rated Occupier	<input type="text"/>									
Address of Property	<input type="text"/>									
	<input type="text"/>									
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>E</td><td>I</td><td>R</td><td>C</td><td>O</td><td>D</td><td>E</td> </tr> </table>		E	I	R	C	O	D	E	
E	I	R	C	O	D	E				
Email Address (for Correspondence)	<input type="text"/>									
Contact Telephone Number	<input type="text"/>									
Property Number	<input type="text"/>	This number can be found on your Rate Bill								
Annual Rates Charge	€ <input type="text"/>									
Name of your Credit Controller	<input type="text"/>									
Date of Temporary Closure / Date Business Impacted From	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td> </tr> </table>		D	D	/	M	M	/	Y	Y
D	D	/	M	M	/	Y	Y			
Number of Staff affected	<input type="text"/>									
Estimated Percentage Loss of Annual Business	<input type="text"/>									
Type of Business (Please Tick)	Hospitality <input type="checkbox"/> Retail <input type="checkbox"/> Other <input type="checkbox"/>	Leisure <input type="checkbox"/> Childcare <input type="checkbox"/> If 'Other' please specify _____								

Briefly describe the impact COVID-19 has had on the business

Wexford County Council reserves the right to seek additional information and/or documentation to assist them in assessing the form submitted. Ratepayers are advised to keep supporting documentation relevant to their submission while the Council considers the evolving situation.

I understand that Wexford County Council is collecting and processing this information for the purposes of assessing the impact of the COVID-19 (Coronavirus) outbreak on ratepayers in County Wexford. I understand that any information provided will be treated with the highest standards of security and confidentiality, in accordance with the Data Protection Acts.

I declare that the details furnished above are true, accurate, correct and complete to the best of my knowledge and belief.

**Signature of Applicant :** \_\_\_\_\_

**Date:**

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Please return completed form to the Rates Office, Wexford County Council, County Hall, Carricklawn, Wexford, Co. Wexford, Y35 WY93