

Dear Customer,

The enclosed invoice is for Fire Brigade Assistance Charges recently incurred by you, detailing the breakdown of costs.



### Payment Options

Please see bottom of invoice for all payment options available to you.

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

### Fire Charges

Domestic Incidents/Chimney Fires: €350.00 flat rate

Non-Domestic Incidents/Callouts: €700.00 per appliance per hour or part thereof.

Self-service payment portal available at: <https://wexfordcoco.myselfserv.ie/>

### Insurance Cover

Fire charges are often covered by your **property/motor insurance policy**. You are advised to check with your insurance company as you may be able to include the cost of fire brigade assistance in any claim you will make as a result of your recent incident. If you have made a **valid insurance claim**, please ensure to submit the attached invoice to your insurance company as part of your claim. Also, please provide the Fire Authority with details of the claim below. Alternatively, this information can be submitted by email to [creditcontroladmin@wexfordcoco.ie](mailto:creditcontroladmin@wexfordcoco.ie) quoting your customer & invoice number.

### Waiver Application

Wexford County Council operates a waiver scheme for fire charges. The scheme is income based and is means tested. A reduction of a fire service charges will only be considered for the charge or for the part of the charge that is not covered by your insurance company or another source.

If you wish to apply for a waiver, you must:

- (1) Complete the application form attached.
- (2) Provide a letter from your insurance company to support your waiver application stating that fire brigade assistance charges were fully, partly or not covered under your policy for this specific incident.
- (3) Submit supporting documentation for all household income. This form may be stamped by employer or Social Welfare Office or enclose a payslip, a bank statement, receipt from Post Office, etc. If you are self-employed, please submit accounts and Notice of Assessment for the previous year.
- (4) Submit all to: Credit Control Department, Wexford County Council, County Hall, Carricklawn, Wexford Y35 WY93.

***Failure to submit the supporting documentation required will deem your waiver application null and void.***

## APPLICATION FOR A WAIVER/REDUCTION OF FIRE SERVICE CHARGES

1. Applicant's Name: \_\_\_\_\_ Customer No: \_\_\_\_\_

2. Address: \_\_\_\_\_ Invoice No: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Eircode: \_\_\_\_\_

4. Applicant's Age: \_\_\_\_\_

5. Telephone No: \_\_\_\_\_

6. E-mail address: \_\_\_\_\_

7. Source of Income: \_\_\_\_\_

8. Weekly Amount: €\_\_\_\_\_ (Attach supporting documents)

9. Details/amount of any other source of income (attach supporting documentation):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. List details of ALL OTHER persons residing with you:

NAME	RELATIONSHIP TO APPLICANT	AGE	SOURCE OF INCOME	AMOUNT OF WEEKLY INCOME (N.B. attach supporting documentation)

**\*\*Proof of income for all household income must be submitted with this form to support your application\*\***

Form may be stamped by employer or Social Welfare Office or enclose payslip, bank statement, receipt from Post Office, etc.

If you are self-employed, please submit accounts and Notice of Assessment for previous year.

11. Do you have HOUSE/CAR Insurance cover for this incident? YES / NO

If NO, you must submit a letter from your insurance company stating that the charge is not covered under your policy for this particular incident.

If YES, does this insurance cover the Fire Service charges FULLY / PARTIALLY

If your insurance only partially covers the charge, you must submit a letter from your insurance confirming amount covered.

Insurance Company Name/Broker Details:

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Policy Number / Claim Reference:

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12. If there are any other circumstances which make it difficult for you to pay, please give details of same below. You may use an additional sheet if necessary.

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**DECLARATION:**

I hereby declare that the information given above and supplied with this application is true and I have enclosed the required supporting documentation for:

1. All household income

2. Letter from insurance company regarding cover for this particular incident

I am aware that failure to submit the supporting documentation required will deem my waiver application null and void.

I hereby apply for a reduction of Fire Service charges.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return application form and supporting documentation to:**

**Wexford County Council, Credit Control Department, County Hall, Carricklawn,  
Wexford, Y35 WY93**

**Telephone: 053 9196266**

**Email: [creditcontroladmin@wexfordcoco.ie](mailto:creditcontroladmin@wexfordcoco.ie)**

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**Consent:** By providing us with your information and by your signature you consent to all your information being used processed, disclosed and retained for the purposes of waiver administration (including processing of the application, handling and fraud prevention). Depending on the waiver or reduction being requested the information sought may include 'personal data' as defined by the Data Protection Acts and by the General Data Protection Regulation (GDPR) and may relate to the personal circumstances of you (as applicant) and members of your family who may also be part of your fire service application.

Wexford County Fire Service has created a privacy statement in order to demonstrate our firm commitment to privacy and to assure you that in all your dealings with us that we will ensure the security of the personal data you provide to us. This is available online at:

<https://www.wexfordcoco.ie/sites/default/files/content/PrivacyStatements/WCC-Fire-Services-Privacy-Notice.pdf>

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