



Application for Review of Fire Service Charge to Limerick City & County Council

Section A: Personal Details:

Fire Invoice No:		Amount Due:	
Name of Applicant:			
Address of Applicant:			
Telephone Number:			

Section B: Insurance Details:

Do you have House/Car Insurance?	YES		NO	
Does this insurance cover this fire brigade callout charge?	YES		NO	

If NO, please submit a letter from your insurance company stating that the charge is not covered?

Section C: Social Welfare Details:

If you are in receipt of **Social Welfare** payments please arrange for the following section to be completed and stamped in your Social Welfare Office: I certify that:

Name:		PPS No.	
Address:			
Is in receipt of:	Type of Payment:		
Effective from:		Rate of Payment Per week	

Official Stamp from Department of
Social Protection

Signed/Title: _____

Date: _____

Section D: Pension Details:

If you are in receipt of **Pension** payments please complete the following section and arrange to have it stamped at your local post office or alternatively provide appropriate receipts or proof of payments: I certify that:

Name:		PPS No.	
Address:			
Is in receipt of:	Type of Pension (please tick):	Contributory	
		Non-Contributory	
Rate of Payment Per week/Month		Commencement date of pension:	

Official Stamp from Department of
Social Protection

Signed/Title: _____ **Date:** _____

Section E: Employment Details:

If you are **Employed** please arrange for the following section to be completed by your employer:

Name:	
Address:	
Is employed by (company name):	
Has gross annual earnings of	€

Company Stamp

Signed/Title: _____ **Date:** _____

Section F: Other Details:

Particulars of **ALL OTHER** persons residing with you:

Name	Age	Relationship to Applicant	Occupation	Weekly Income € (employment, social welfare, pension etc.)
Any other details/comments you wish to provide in support of your application:				

Section G: Declaration:

I declare that the above particulars are true, correct and complete to the best of knowledge and I authorise Limerick City & County Council to make any necessary enquiries to validate my application.

Signature of Applicant: _____ **Date:** _____

- **Complete ALL sections of form and put N/A through any section which does not apply to you**
- **Please return completed forms to: Fire Section, Limerick City & County Council, Lissanalta House, Dooradoyle, Limerick.**
- **If you have any queries please contact the Fire Section at 061-496859 or by email at fireservice@limerick.ie**