CORK COUNTY FIRE SERVICE APPLICATION FOR REDUCTION/WAIVER OF FIRE SERVICE CHARGES



Section 1: Personal Details

Name					
Address					
Contact No.					_
Invoice Number					_
Amount Due					
Amount buc					
		Section 2:	Insurance Details		
i) Do you have Ho	ouse/Car Insura	nce	Yes	No	
ii) If Yes, does you	ır policy cover t	his fire service call-o	ut charge Yes	No	
IMPORTANT: If you have stating that the fire char			e submit letter from your i	insurance compar	y (on headed paper
			17		
	Section	3: Particulars of all	persons residing in the ho	ousehold	
Name	Age	Relationship to	INCOME SOURCE(i.e. V	-	Gross Weekly
		Applicant	investment, etc.)		ncome

Section 4: Income Details

:1	C!-I	14/-If	D-4-!I
1)	Social	Welfare	Details

ii)

Title:

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:

amped in your Social W	venare office.		
Name			
Address			
PPS No.			
Type of Payment			
Effective From			
Rate of Payment per we	eek/month		
	Official Stamp from E Social Prote		
		Signed:	
ame:			
tle: nsion Details ou are in receipt of pen		Date:mplete the following section and a	
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Date:

Name			
Address			
Is employed By (Company Name)			
Effective From			
Has gross annual earnings of		€	
	Company	Stamp	
Name:		Signed:	
Title:		Date:	
	Section !	5: Declaration	
	Section !	5: Declaration	
	Section !		
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iii)

Employment Details

Cork, T12 R298.