



## ROSCOMMON COUNTY COUNCIL PAYMENT CLAIM FORM

**Improvement Works to a Private Water Supply where, in the opinion of the Housing Authority, the existing water supply is non-compliant with the Drinking Water Regulations or the quantity supplied is insufficient to meet the domestic needs of the household and the house is not connected to, or cannot reasonably be connected to an Irish Water or Private Group Water Scheme.**

- Please read the information notes before completing the Claim Form.
- All questions on the Form must be answered and, where specified, supporting documents must be provided. Incomplete Forms or, those which are not accompanied by the appropriate documents, will not be processed.
- Work must NOT have started before the Housing Authority or its Representative's visit. If work has commenced before that date, your claim will not be considered.
- The Grant Scheme is administered by Housing Authorities. All matters relating to the day-to-day operation of the Grant Scheme, including applications and payments, are a matter for the relevant Housing Authority.
- Any enquiries about the Grant should be addressed to the relevant Housing Authority's Rural Water Programme Liaison Officer.

### 1. Details of the Applicant

Name of Applicant:	
Address (location of PWS installed or improved):	
EIRCODE (required):	
Daytime Telephone No:	
Email Address:	
PPSN:	

### 2. General description and cost of works undertaken (itemised receipt(s) must be provided for all works completed)

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**3. Details of Contractor(s)** (copy of Tax Clearance Certificate for each contractor *must* be provided if different from the contractor listed on the application form )

**Contractor 1**

Contractor name:

Contractor address:

EIRCODE:

**Contractor 2**

Contractor name:

Contractor address:

EIRCODE:

**Contractor 3**

Contractor name:

Contractor address:

EIRCODE:

**4. Declaration**

I declare that the information provided by me on this claim form, and all other documentation submitted in support of this claim, is correct and true.

I understand that the provision of any false or misleading information or invalid supporting documentation may result in this claim for payment being cancelled.

**Signature of claimant:** \_\_\_\_\_

**Date:** \_\_\_\_\_