

## Claim form – Domestic Lead Remediation Grant Scheme

### 1. Details of the applicant

Name of applicant (in BLOCK):	
Address (location of DWWTS):	
Eircode:	
Daytime telephone No:	
E-mail address:	

### 2. General description and cost of works carried out (Itemised receipt(s) detailing all costs/works must be provided when the works are completed):

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### 3. Details of contractor(s): (print out of e-Tax Clearance for each contractor must be provided)

Contractor 1	Contractor 2 (if applicable)
Contractor name:	Contractor name:
Contractor address:	Contractor address:
Eircode:	Eircode:

### 4. Irish Water Customer Opt-in Lead Replacement Scheme

(a) Is the claimant an Irish Water customer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) If yes, has the claimant availed of the Opt-in Lead Replacement Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## DECLARATION

**I declare that the information provided by me on this application form are correct and I understand that the provision of any false or misleading information or invalid supporting documents may result in this claim being cancelled.**

**Signature of claimant:**

**Date:**

## CHECK LIST

Please ensure that the following documentation is included with your claim for payment of grant aid:

- ☐ Evidence of a requirement to replace lead pipes and related fittings, as detailed in Section 2 of the Terms and Conditions,
- ☐ Proof of payment, including original receipts showing itemised list of all work(s) carried out and for any other eligible costs,
- ☐ Proof of Tax Clearance status for each contractor engaged, as outlined in Section 6 of the Terms and Conditions.

**Please submit the fully completed Form DLRG 1a and supporting documentation to your Local Authority Office at the address below:**

Kildare County Council – Rural Water Department, Water Services,  
Áras Chill Dara, Devoy Park, Naas,  
Co. Kildare.  
W91 X77F  
Tel: 045 980 361 / Email: ruralwater@kildarecoco.ie