

DWWTS 1 - Application Form - Remediation of Domestic Waste Water Treatment Systems

Name of Applicant: _____

Correspondence Address: _____

Daytime Telephone No.: _____

Address at which the domestic waste water treatment system is located (if different to above):

Domestic Waste Water Treatment System Registration Reference: _____
(Available from your Registration Certificate)

Date inspection carried out: _____

Advisory Notice Reference Number: _____

Date of Local Authority Notice of Compliance: _____

General Description and cost of works carried out:
(Itemised receipt(s) must be provided)

Name and Address of Contractor(s):
(Copy of Tax Clearance Certificate for each contractor must be provided)

Total Income of applicant and spouse / partner in previous Tax Year: _____
(Evidence of income must be provided)

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 application being cancelled.

Signature of Applicant: _____

Date: _____

CHECK LIST

Please ensure that the following documentation is included with your application for grant aid:

- Evidence of the taxable income of yourself and, if applicable, your spouse or partner, in the previous tax year,
- Itemised receipts for the work(s) carried out,
- A copy of a current Tax Clearance Certificate for each contractor engaged.

PLEASE SUBMIT THE FULLY COMPLETED FORM DWWTS 1 AND SUPPORTING DOCUMENTATION TO YOUR LOCAL AUTHORITY OFFICE.