****

Grant Application Form in respect of the\_\_\_\_\_\_\_\_ Group Water Supply

We, the undersigned, hereby irrevocably nominate:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone No:  |  |
| Name: |  | Phone No: |  |
| Name: |  | Phone No: |  |

As trustees to formulate, execute and maintain the above mentioned scheme and as Attorneys to receive the sanitary authority grants or any instalments thereof, in respect of the scheme, and give a valid receipt for the grants or any instalments thereof by signing the relevant pay order. In the event of the decease or resignation of any of the trustees or Attorneys, we agree that a substitute Trustee or Attorney may be nominated by a majority of the undersigned.

**IMPORTANT NOTES**

**(1)** Each person applying for a grant (i.e. the person who is paying for the connection) **must sign the form in his/her own handwriting.**

**(2)** Please indicate the **Type** of connection required i.e.

 House and Land = **H + L**

 House only = **H.O.**

 Land only = **L.O.**

 Site = **Site**

**(3)** If land connection, enter number of hectares (approx)

**B.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Signed** | **Location of Connection** | **Eircode** | **Type**  | **No. of Hectares** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Signed** | **Location of Connection** | **Eircode** | **Type**  | **No. of Hectares** |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |
| 28 |  |  |  |  |  |
| 29 |  |  |  |  |  |
| 30 |  |  |  |  |  |

 ***Please provide additional sheets if required.***

We the undersigned, hereby agree to act as Trustees and Attorneys of the above group, and make an application for Sanitary Authority grants in respect of the Water Supply scheme referred to on this form. We hereby accept that all payments will be by **E**lectronic **F**unds **T**ransfer to the Group Water Scheme Bank Account.

The above named Group Water Scheme will be required to be set up a Bank Account to facilitate grant payments for the delivery of this Group Water Scheme. Leitrim County Council will advise the scheme of the appropriate time in which a Bank Account should be set up.

**C. Signature of Trustees:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**External Use Only**

|  |  |
| --- | --- |
| Total Length of Scheme |  |
| Total Number of Domestic Connections |  |
| Distance to Nearest IW Connection |  |
| Assets Required (Y/N) |  |
| Comments |  |