



COMHAIRLE CHONTAE DHUN NA NGALL
DONEGAL COUNTY COUNCIL
COUNTY HOUSE, LIFFORD, CO. DONEGAL

Tel: (074) 91 72222 Fax: (074) 91 41205 www.donegal.ie

G.W.62

**APPLICATION FOR GRANTS UNDER THE LOCAL
GOVERNMENT (SANITARY SERVICES) ACT, 1962
IN RESPECT OF**

_____ Group Sewerage Scheme

We, the undersigned, hereby nominate:-

1. _____ of

2. _____ of

3. _____ of

As Trustees to formulate, execute and maintain the above-mentioned scheme and as Attorneys to receive the grants or any instalments thereof made under Section 2 of the above Act, in respect of the scheme and give a valid receipt for the grants or any instalments thereof by signing the relevant pay orders. 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:-

(The person responsible for the cost, should sign in respect of each house. State whether Mr. Mrs. or Miss)

No.	Signed	Location of house
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		

No.	Signed	Location of house
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		

We, the undersigned, hereby agree to act as Trustees and Attorneys of the above Group, and make application to the Local Authority for a grant in respect of the installation of private sewerage systems in the houses referred to on this form.

We hereby direct that all payments be addressed in care of the **Manager** _____ **Bank Ltd.** _____ where an account in the name of the Group has been opened.

Bank Account Number:- _____

Signatures of Trustees

CERTIFICATE OF SANITARY AUTHORITY

I certify that the Sanitary Authority approves of the proposals for the provision and installation of a private sewerage system in the dwelling houses as set out in the attached planning documents.

Sanitary Authority

Date:- _____

Signed:-

ADMINISTRATIVE OFFICER

Date:- _____