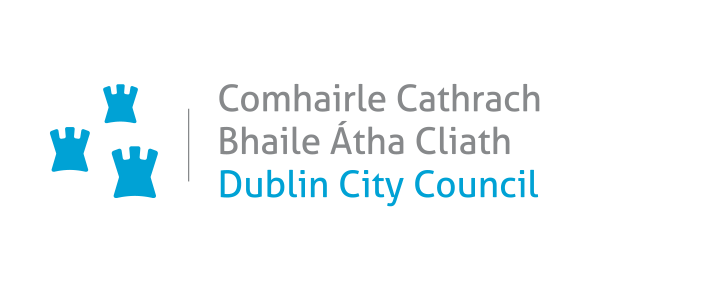
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HGV Management Strategy

# East Link Toll Bridge Rebate Claimant Form for 5+ Axle

# Vehicles Only (from 18th August 2017)

Name of Business: Contact Telephone number:   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period for which this claim covers: From: \_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_

Total number of transactions in the above period for which you are claiming: \_\_\_\_\_

Dublin City Council will refund the full toll charge of €4.25 for each 5+ axle vehicle crossing the East Link Bridge between 7am to 7pm, Monday to Sunday inclusive. To implement this new practice, details of claims (i.e. vehicle registration numbers, tag numbers, dates and times of crossings) may be furnished to Ringsend Toll Bridge DAC for verification. Please indicate by **√** in the box that you agree that these details can be accessed by Ringsend Toll Bridge DAC.

Please state how much you are claiming under the East Link Toll Bridge Rebate Scheme i.e. number of trips x **€4.25**

=€\_\_\_\_\_\_\_\_\_\_\_

Please ensure that you submit the following information along with this Claimant Form:

* Official invoices/statements from Toll Company which should include detailed breakdown of all journeys for which refunds are claimed including vehicle registration number, make/model, colour and tag number.
* Copies of relevant receipts from Toll company
* Copy of up-to-date Tax Clearance Certificate/C2 Form
* Claims must be submitted to Dublin City Council in the 3rd month for the previous two months. For example claims must be submitted in March for trips during January and February. **Late claims will NOT be accepted.**

By submitting this claim form you agree to be bound by the terms and conditions of this rebate scheme.

Submitting incorrect information will result in your application being sent back.

Claims are only to be made in respect of 5+ axle vehicles during the hours of operation of the HGV Management Strategy. *No refunds will be given outside these hours or when the HGV cordon has been lifted.*

I herby certify that none of the vehicles I am claiming for have been in breach of the 5+ axle HGV cordon during the period listed above. (Please indicate by **√** in the box)

Signature of Applicant: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed forms should be addressed to:

**HGV Unit, Block 2, Floor 5, Civic Offices, Fishamble St. Dublin 8.**