

HGV Management Strategy

Thomas Clarke Toll Bridge Rebate Claimant Form for 5+ Axle Vehicles Only

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 \notin 4.25 for each 5+ axle vehicle crossing the Thomas Clarke 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 $\sqrt{}$ 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 Thomas Clarke Toll Bridge Rebate Scheme i.e. number of trips x \notin 4.25 = \notin

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 $\sqrt{\text{ in the box}}$

Signature of Applicant:	
Signature of the prime and	

Date:

Completed forms should be addressed to:

Heavy Goods Vehicles Unit, Block 2, Floor 5, Civic Offices, Fishamble St. Dublin 8.