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| --- | --- |
| DCEDIY Ref: |  |
| Legal Name: |  |
| Facility Name: |  |
| Facility Address: |  |
| Contact Number: |  |
| Reason for Closure: |  |
| Primary Issue Facing the Service: | **Please Tick**   * Power Outage * Water Outage * Service Inaccessible * Structural Damage * Flood * Covid Closure – Full Service\* * Covid Closure - Partial closure (pod)\*     \*Please also submit evidence that your service has been directed to close by the Health Authorities due to Covid |
| Risk Assessment Completed Y/N: |  |
| Insurance Cover in Place Y/N: |  |
| Total Anticipated Closure Period: |  |
| Additional Information: |  |

Please submit this form to Pobal attaching it to a Service Request on the Hive and entering ‘ **Force Majeure’** in the summary Column and selecting the category ‘**Programme Request’** from the drop down menu.

Please note that this application does not imply approval of either Force Majeure or the funding of same.