|  |  |
| --- | --- |
| DCYA 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\*   \*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 selecting the following from the drop down menus:

Request type: ‘ **Force Majeure’**

Request type detail : **Force Majeure Covid/Standard**

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