

MAST COMPENSATION CLAIM FORM

ESB requires the information requested on this application to enable us to set up and manage your MAST Compensation. The data controller is the ESB Networks. Please refer to our privacy policy at https://esbnetworks.ie/privacy

To apply for a new mast interference claim or to advise ESB Networks of a change of ownership you must complete:

• The Mast Compensation Claim Form and

- The Payment Instruction Form
- 1. Grantor No: (for existing customers only)

2. I am the owner* of lands situated in the townland of:

3. Folio No. of land:**

4. Name of previous owner: (If change of ownership)

Note:

* An owner for this purpose is not an occupier under a lease or letting of any kind

** Folio number is a mandatory field

5. I hereby claim the appropriate payment for the number of structures relative to the line erected on th	e above land which qualify for payment.		
Name (in block capitals)			
Postal Address			
Landline: Mobile number:			
Email:			
Signature:	Date:		

6. Change of ownership

I undertake to advise ESB of any change of ownership of the land which would involve cessation or variation in the payment to me and to refund ESB any overpayment made to me by reason of my neglect to so advise.

7. Remember

You must also complete the attached Payment Instruction Form and return both to: Mast Administration, ESB Networks, Sarsfield Road, Wilton, Cork, T12E367, Ireland.

FOR OFFICE USE ONLY

Line name						
Number of Eligible Masts	Pole Number	Description of Mast		Agreement Number		
		Туре	Size			
Grantor Nu	umber	Claim N	lumber	Cost Object		