



COMHAIRLE CONTAE AN CHLÁIR
CLARE COUNTY COUNCIL

CLARE COUNTY COUNCIL
EXPRESSION OF INTEREST
Emergency Accommodation

Your Details

Name	
Contact Number	
Address	
Email	

Accommodation Details

Trading Name:	
Address:	
Eircode:	

Details of Accommodation

Total Number of Single Bedrooms	
Total Number of Double Bedrooms	
Total Number of Twin Bedrooms	
Total Number of Family Bedrooms	
Any other relevant information	

Details of Accommodation

Total Number of Single Bedrooms	
Total Number of Double Bedrooms	

Facilities Available (Yes/No)

Bed Only (no other facilities available)	Yes / No (<i>delete as appropriate</i>)
Bed Only with facilities for Self Catering	Yes / No (<i>delete as appropriate</i>)
Bed & Breakfast Only	Yes / No (<i>delete as appropriate</i>)

Bed & Breakfast with facilities for Self Catering	Yes / No <i>(delete as appropriate)</i>
Bed & Full Board	Yes / No <i>(delete as appropriate)</i>
Bed Only & Self Catering	Yes / No <i>(delete as appropriate)</i>
Laundry facilities - self use	Yes / No <i>(delete as appropriate)</i>
Laundry facilities - serviced	Yes / No <i>(delete as appropriate)</i>
No Laundry facilities	Yes / No <i>(delete as appropriate)</i>
Any other information	

Pricing Schedule

Room Type	Per night	Per week	Per month
Single			
Double			
Twin			
Family			
Any other information			

Further information

Please provide any further information which you wish to provide in support of the above

Completed Expressions of Interest Forms should be submitted to hat@clarecoco.ie for the attention of the Senior Executive Officer.

Signed

Date