

## **Bin-Sharing Agreement**

### **Account Holder Details:**

Name:	
Address:	
Eircode:	
Phone No.:	
Email:	
No. of occupants in household:	
Waste Collector Name:	
Customer I.D number:	
Account Holder Signature:	
Date:	

### **Details of Bin Sharing House:**

Name:	
Address:	
Eircode:	
Phone No:	
Email:	
No. of Occupants in household:	
Signature:	
Date:	

**Proof of account with waste collector must accompany this form.**

Fingal County Council will use this personal information for the purposes of creating a register of properties as set

<b><i>Office Use Only</i></b>  Ref No: _____  Processed by: _____
---

out in Section 34(C) of the Waste Management Act, 1996 as amended. This data will be maintained for the duration of your occupancy.