

Bin-Sharing Agreement

Account Holder Details:

Name:	
Address:	
Eircode:	
Phone No.:	
Email:	
No. of occupants in household:	
Waste Collector Name:	
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 out in Section 34(C) of the Waste Management Act, 1996 as amended. This data will be maintained for the duration of your occupancy.

Office Use Only

Ref No: _____

Processed by: _____