

## 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.

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