

Bin-Sharing Customers

Account Holder Details:

Name: _____

Address: _____

Eircode: _____

Phone No.: _____

Email: _____

No. of Occupants in household: _____

Waste Collector Name: _____

Account Number: _____

Account Holder
Signature: _____

Details of Bin Sharing House:

Name: _____

Address: _____

Eircode: _____

Phone No.: _____

Email: _____

No. of Occupants in household: _____

Signature: _____

Please ensure that your eircodes are provided or the application shall be deemed invalid

Return address: Waste Enforcement Office, Environmental Services, Sligo County Council,
Riverside, Co Sligo

Office Use Only

Approved by:

Date: