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.

Galway 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.