BIN SHARING DECLARATION

##

## Local Authority Logo & Contact Details

Waste Management Act 1996, Local Government Act 2001 and Bye-Law 2.(b)(i) of the County of Kildare (Segregation, Storage and Presentation of Household and Commercial Waste) Bye-laws, 2018.

### **SECTION A: TO BE COMPLETED BY THE BIN SHARER**

In accordance with the above, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am sharing appropriate

waste Containers(refuse bins) with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the purposes of disposing of all of my household kerbside waste.

The number of people living at my house is \_\_\_\_\_\_\_\_\_\_\_.

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **SECTION B: TO BE COMPLETED BY THE BIN OWNER**

I confirm that the above named person shares my appropriate waste containers provided to me under a contract by an authorised waste collector as outlined above.

The name of the authorised waste collector is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My account number with my authorised waste collector is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. *(A copy of a recent statement or letter, from your authorised waste collector, confirming the account number must be submitted*).

The number of people living at my house is \_\_\_\_\_\_\_\_\_\_.

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please complete and return this form to* *environ@kildarecoco.ie* *or via post to Environment Department, Waste Enforcement, Kildare Co Co, Áras Chill Dara, Devoy Park, Naas, Co Kildare, W91X77F. This form must be returned within 14 days of \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_.*

**Note:** It is an offence to obstruct or impede or refuse to comply with a request of an authorised person.