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| **Our Ref: TRA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Transportation Department** |

**Application Form for Supply of Salt Bin**

**Section A: To be completed by Applicant**

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| **Applicant Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Group/Body: please tick** | **School Community Centre** |
|  | **Place of Worship Sporting Organisation** |
|  | **Other** |
| **Other Please Specify:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Applicant Address:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Contact Telephone Number:** | **DAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NIGHT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Delivery Address/Location for Salt Bin. (Please include a map indicating the location, if the location is on a public footpath / public road. )** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Section B: Purchase Options |
| Option A: 1 Bin – Delivery plus one fill of salt **Fee € 170.00 □** |
| Option B: 1 Bin – Delivery only **Fee € 151.00 □** |
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**Section C: Supply of Salt Bin**

**Payment /Receipt**

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| Supply of Salt bin only or Salt bin & Salt  Delivery address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cash Office Receipt Number: |  |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bin Reference Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Section D: Terms and Conditions  **I/We hereby agree to**:   * Provide a suitable secure location for the salt bin * Ensure a designated person controls the use of salt * **ONGOING SALT SUPPLIES SHOULD BE SOURCED FROM LOCAL SUPPLIERS**. MEATH COUNTY COUNCIL **WILL NOT** BE REFILLING THE SALT BINS AFTER THE FIRST FILL HAS BEEN USED * Meath County Council has no obligation or responsibility for the maintenance or upkeep of the Salt Bins. |

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| Please complete the following |
| I confirm that by purchasing this Salt Bin, I accept the terms and conditions as set out in Section D.  Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Please complete and return form to Transportation Department, Meath County Council, Buvinda House, Dublin Road, Navan, Co. Meath C15 Y291 or by email to*** [***transport@meathcoco.ie***](mailto:transport@meathcoco.ie) |