

Date:

For official use only:	
Date Stamp:	
Reference No:	

PROVISION OF SALT BINS APPLICATION FORM

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N.B Salt Bins to be located inside Speed Limits (Except in exceptional circumstances)	
1. Name and Address of Community Group	
2. Proposed Location of Salt Bin	
3. Name and Address of Contact Person within Community Group	
4. Telephone number of Contact Person	
5. Has discussions taken place with relevant Municipal District Office \Box	
Signed on behalf ofCommunity group	
I undertake to provide and monitor the salt biat	
Signature:	

Please be advised that in times of severe weather, resources will be stretched and requested refills will be implemented as soon as reasonably possible.

Completed Applications should be sent to:

Roads Central Office
Donegal County Council
County House
Lifford
County Donegal
F93 Y62