Litter Fine Appeal Form

1. Name and Address:
   _____
   _____
   _____

2 Contact Number: _____

3 Litter/Spot Fine Number:_____

4. Details of Current Refuse Collection Arrangements:

   Bin Service Provider: _____
   Account No:_____
   Number of Bins:_____
   Number of Collections per week:_____
   Collection day: _____

5 Number of apartments (if applicable) _____

6 Name and Contact Details of Management Company/Letting Agent (where applicable): _____
   _____
   Telephone No. of Mgt Company/Letting Agent_____

7 Detailed explanation of how your waste was found deposited at:
   _____
   _____
   _____
   _____
   _____
   _____

Signed:_____ Date:_____

Please complete each of the above and return to the Environment Department, Limerick City and County Council, 1st Floor, County Hall, Dooradoyle, Co.Limerick , within 14 days.