



COOLING TOWER & REGULATED SYSTEMS REGISTRATION FORM

Please complete this form and return to Council within seven (7) days via:

MAIL:

Planning & Development Services
North Sydney Council
200 Miller Street
NORTH SYDNEY NSW 2060

PREMISES DETAILS:

Premises Address: _____
Type of System/s installed: _____
No. of Systems installed: _____

OWNER'S DETAILS:

Owner Name: _____
Owner Address: _____
Owner Phone No.: _____
After hours Phone No.: _____
Fax No.: _____
Email: _____

**OCCUPIER'S DETAILS:
(if not owner)**

Occupier Name: _____
Occupier Address: _____
Occupier Phone No.: _____
After hours Phone No.: _____
Fax No.: _____
Email: _____

Please Note: all information is required by the Public Health (Microbial Control) Regulation 2000 (PTO)

NORTH SYDNEY COUNCIL
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FORM

ADDITIONAL INFORMATION:

Names and Addresses of tenants in subject premises:

Location of systems (attach plan/diagram of location) or sketch below:

Name of company/contact person who maintains the System/s:

EMERGENCY CONTACT DETAILS:

Details of person to contact in an emergency situation to access the premises and close system if Legionella outbreak or other such situation arises:

Name:

Phone/Mobile Number:

SIGNATURE:

Date:

PRIVACY STATEMENT

Personal details requested on this form will only be used for the purpose of processing your application. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers and other authorised people. You may make application for access or amendment to information held by Council. Applications by members of the public to view Council's records are subject to the provisions of Council's Privacy Management Plan, *Section 18 Government Information (Public Access) Act 2009 & Schedule 1 - Government Information (Public Access) Regulation 2009.*

I have read and understand the Privacy Statement

Signed: Date: