



Privacy:

The personal information that you have provided in this Form is for council purposes only and will be viewed by Councillors and Council staff only.

COOLING WATER SYSTEMS REGISTRATION APPLICATION FORM

TYPE OF SYSTEM: Water Cooled Evaporative Warm Water
Number of systems No..... No..... No.....

PROPERTY ON WHICH THE SYSTEM IS INSTALLED:
Corporate Identification
(Street/Unit No)..... (Street Name).....
(Suburb) (Postcode).....

OWNER/OCCUPIER:
Name: Phone:
Postal Address:
Emergency Contact Person:
Phone: (Bus)..... (A/H-Mobile):
Alternate Contact Person:
Phone: (Bus)..... (A/H-Mobile):

DETAIL OF SYSTEM:
Make: Model:
Location on Property:
Name of Servicing Company: Date of RMP:
Contact Person: Phone:
Address of Servicing Company:

APPLICANT'S AUTHORITY:
I hereby apply for registration of the Cooling tower System described in this application.
Signature of Applicant:.....Date:.....