

It is a requirement under Section 31 of the Public Health Act 2010 for the occupier to notify Council of any premises where a regulated cooling tower and/or warm water system has been installed.

**Office use only:** GL 33655 BS 52  
**Application No.:**  
**Date Received:**  
**Receipt Number:**

#### PART 1: PREMISES DETAILS (location and title description of the property)

Unit No.		Street No.		Street	
Suburb		Lot(s)		Section	DP/SP No.

You can get these details from rate notices or from Council property maps. If unsure, ask us for assistance.

#### PART 2: DETAILS OF OCCUPIER OF PREMISES

##### Business details

Business name		ABN/CAN	
Business address			
Suburb		Postcode	

**Contact Person:** In case of an emergency Council are required by law to keep a record of the contact's work and home contact details

Name of contact person			
Business contact details	Phone		Mobile
Email			
Residential contact details	Phone		Mobile
Email			
Residential address			
Suburb		Postcode	

*Council is required by legislation to keep a record of the information requested. The personal information provided will be recorded and used by Maitland City Council to maintain the Register of Regulated Systems. The register will be made available to the NSW Dep't Health on request in compliance with the requirements of the Public Health Act 2010.*

<b>PART 3: OWNERS DETAILS</b> (if different from the occupier)	<b>PART 4: MAINTENANCE FIRM DETAILS</b>
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Owners name		ABN/CAN		Name/company	
Business address				Contact name	
Suburb		Postcode		Phone (business)	Mobile
Name of contact person					
Phone		Mobile			
Email					

**PART 5: DETAILS OF REGULATED SYSTEMS**

**COOLING TOWERS**      TMV = thermostatic mixing valve      other = specifically designed system of a non-blending type

System Type and location (eg bottle tower inset into roof)	Manufacturer	Model Number	Serial Number	Date of last inspection (dd/mm/yyyy)	Date of last clean (dd/mm/yyyy)

**PART 6: SIGNATURE OF OWNER/OCCUPIER**

I apply to register a regulated system as described above. I declare that all of the information given is true and correct.

Name (print)			
Signature		Date	