Hawkesbury City Council

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Registration Form – Regulated Systems Under Public Health Act 2010 (section 31)
OCCUPIER DETAILS
Name
Address
ABN
Contact Person Position
Ph Mob Email
Director
Ph Mob Email
Residential address of Director
* Required under Act:
System Details Type Cooling Tower □ TMV □ Other
Number of Systems Make/model
Location of systems
Location of records
Water Treatment Contractor
Business Name
Contact Person Ph Mobile
Risk Management Plan
Attached with this registration form Yes \square No \square If no provide reason
Auditor Details
Company Name
Phone
Sign off
Name Position Signature

Privacy Notice

Council is bound by the provisions of the Privacy and Personal Information Protection Act 1998, in the collection, storage and utilisation of personal information provided in this form. Accordingly, the personal information will only be utilised for the purposes for which it has been obtained and may be available for public access and/or disclosure under various NSW Government legislation.