

## **Regulated Systems Premises** Registration Form Registration under Public Health Act 2010 and Public Health Regulation 2012

Details	
Business name, ABN/ACN, address, phone number	Business
	Name:
	ABN/ACN:
	Unit/Shop No:Street No:Street:
	Suburb:
	Lot: DP:
	LOIDP
	Phone Number:
	Type of Premises:
Name vesidential	Occumiants
Name, residential address and contact phone numbers of the Occupier	Occupier's
	Name:
	Address Residential
	Address Business:
	Post Code
	Phone: HomeMobile:
	Fax:Email:
	ABN/ACN
Certifier	Name
	Address
	Phone (M)Phone (Bus)
Type of System (X)	☐ Water Cooling System (Cooling towers) ☐ Warm Water System (Thermostatic mixing vales)
	Number of Systems
Emergency	Location of Systems
Contact	Name
	Phone (M)Phone (Bus)
	Address

## **Mechanical Contractor**

tails	Business Trading Name:
	Contact Person:
	Contact Number:
	Address:
	ABN/ACN:
notice of that fac	upier of premises at which a water-cooling system or warm-water system is installed must cause to be given to the person prescribed by the regulations in the approved form and in the manner e regulations, Section 31 of the Public Health Act 2010.
Signature:	Signature of Occupier:
	Date:

Please return this form to Blayney Shire Council
91 Adelaide Street, Blayney NSW 2799, Email <a href="mailto:council@blayney.nsw.gov.au">council@blayney.nsw.gov.au</a>.
Should you require assistance or additional information please contact Council's Department of Planning and Environmental Services Ph: 02 6368 2104