



Office Use Only
Reg No: _____
Date: ____/____/____

**Regulated System Registration Form
Public Health Act 2010 and Public Health Regulation 2012**

TYPE OF SYSTEM: Water Cooling <input type="checkbox"/>	Evaporative <input type="checkbox"/>	Warm Water <input type="checkbox"/>
No. of systems:	No. of systems:	No. of systems:

Premises Details

Premises Details	Owner Name/s:	
	Address:	
	Phone:	
	Email:	
	ABN/ACN:	
	Operation Hours:	

Occupier Details

Occupier 1: <i>(All correspondence and invoices will be sent to this occupier)</i>	Name:	
	Address:	
	Phone:	
	Email:	
	ABN/ACN:	

Occupier 2: <i>(If applicable)</i>	Name:	
	Address:	
	Phone:	
	Email:	
	ABN/ACN:	

Emergency Contact Details
In case of public emergency an emergency contact person must be nominated

Name:	
Phone:	
Email:	

Maintenance Details

Service Company	Name:	
	Phone:	
	Email:	
Cleaning Company <i>(If different)</i>	Name:	
	Phone:	
	Email:	

Applicant's Authority
I hereby apply for the registration of the regulated system described in this application. To the best of my knowledge, the information provided in this application is accurate and correct and I am authorised to lodge this registration.

Name:	
Signature:	
Date:	

How to lodge this registration

<p>Mail: ATT: Environmental Health Muswellbrook Shire Council PO Box 122 Muswellbrook NSW 2333</p> <p>Email: council@muswellbrook.nsw.gov.au</p>	<p>Personal delivery: Muswellbrook Shire Council Administration Centre Campbell's Corner 60-82 Bridge Street Muswellbrook NSW 2333 (Office hours only)</p>
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Should you have any questions please do not hesitate to contact an Environmental Health Officer on: (02) 6549 3700