



Promoting City, Coast & Countryside

**REGISTRATION FORM FOR THE NOTIFICATION OF COOLING TOWERS
AND EVAPORATIVE CONDENSERS REGULATIONS 1992**

1. Address of premises where cooling tower/evaporative condenser is situated:

Name of Premises:

Address

2. Person(s) in control of premises:

Name of Person:

Company Name:

Address:

Tel No:

(NB: This information is required to enable access to be gained at all times to the notifiable device)

3. How many cooling towers/evaporative condensers are at the address shown in box 1?

4. Please give brief location of each piece of equipment being registered at this time (i.e. main building, south east corner of 3rd floor roof etc.)

IMPORTANT NOTES:

There is a requirement under the above regulations for the person in control to notify this authority in writing:

- of any change in the particulars as stated on this form within one month of such change taking place and/or
- of any cooling towers/evaporating condensers which have ceased to be a "notifiable device" as soon as is reasonable practicable

The applicant must only the declaration before at the time of any subsequent appointment/inspection, resulting from the submission of this application and conducted by an officer of this authority.

DECLARATION

Before submitting this application form you must agree to meet the following requirements:

- The application form has been completed by you as the applicant and not a third party;
- You will be available to attend, in person, any appointment and/or inspection, resulting from the submission of this application and conducted by an officer of this authority;
- You will make available any supporting documentation/information required as part of considering this application at the time of any appointment/inspection and provide copies of such documents if required;
- The details contained in the application form are correct to the best of your knowledge and belief;

I confirm that the details contained in this application form are correct to the best of my knowledge and belief:

Applicant's signature:

Position:

Date

Local Authority use:

Date of registration:

Reference Number:

Local authority stamp

Please send your completed form to:

Food and Safety Team Leader
Health and Housing Services
Lancaster City Council
Marine Road
Morecambe
LA4 5AF