



City of
Wagga Wagga

Civic Centre
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APPLICATION FOR REGISTRATION COOLING TOWER/WARM WATER SYSTEMS

PUBLIC HEALTH 2010

Council Ref. No. (if applicable)

SYSTEM DETAILS

Type of System:

- Water cooling system
 Warm water system

Identification Number/s: Serial Number/s:

Number of Water Cooling Systems on Site:

Number of Warm Water Systems on Site:

Address of Premises on which the system is installed:

OWNER DETAILS

Name of the Owner:

Address of the Owner:

Postal Address:

Phone (BH): Phone (AH): Mobile:

Email address:

OCCUPIER DETAILS

Occupier Name:

Residential Address:

Postal Address:

Phone (BH): Phone (AH): Mobile:

Email address:

SERVICE CONTRACTOR DETAILS

Name of Service Contractor:

Address:

Postal Address:

Phone (BH): Phone (AH): Mobile:

Email address:

SIGNATURE

Signature of Owner/Manager/Occupier:

Please Print Name: Date:

OFFICE USE ONLY:

Date Received: MC:

Initial Inspection Date:

Construction Inspection carried out?

PLEASE RETURN TO:

**WAGGA WAGGA CITY COUNCIL'S PUBLIC HEALTH DEPARTMENT
CIVIC CENTRE – CNR BAYLIS AND MORROW STREET, WAGGA WAGGA
PH: 1300 292 442 FAX: 02 6926 9309**

THANK YOU