

REF NO:

**THE NOTIFICATION OF COOLING TOWERS EVAPORATIVE
CONDENSERS REGULATIONS 1992**



1. Address where cooling tower/evaporative condenser is to be situated: Please continue overleaf if necessary

Name of premises:

Address:

2. Person(s) in control of premises: Please continue overleaf if necessary

Name of person:

Company name:

Address:

Tel No:

Email:

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

3. How many cooling towers or 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 – (e.g. North Works, Main Building, south east corner of 3rd floor roof). Please continue overleaf if necessary

Declarations:

Signed by:

Position:

Date:

Please return the completed form to:

Environmental Health Services, Harlow Council, Civic Centre, The Water Gardens, Harlow, Essex, CM20 1WG

Acknowledgement tear off : for local Authority use

THE NOTIFICATION OF COOLING TOWERS AND EVAPORATIVE CONDENSERS REGULATIONS 1992

To :

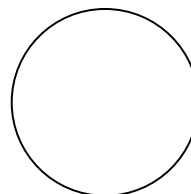
Name of person(s) in control:

Authority:

Date of registration:

Number of cooling towers registered:

Reference number in case of query:



Local Authority Stamp