



Application form
 RELEASE OF INFORMATION
 PUBLIC HEALTH AND WELLBEING ACT 2008

Section 1 – About the Proprietor

I, _____ the proprietor of _____

located at _____

am the holder of Public Health & Wellbeing certificate with registration no. _____

hereby authorise pursuant to the Public Health & Wellbeing Act 2008, the disclosure of information of inspections and notices issued by Authorised Officers in regard to the said premises to:

Name _____

Address _____

Signature of Proprietor _____

Date _____

Return in person to one of our customer service centre's in Warragul or Drouin.

Return by mail to PO Box 304, Warragul, 3820. For enquiries please phone (03) 5624 2411

Return By Email to Health@bawbawshire.vic.gov.au

The information requested on this form is being collected by Council for the purposes registration under Public Health & Wellbeing Act 2008. This information will be used solely by Council for that primary information or directly related purposes. Council may disclose this information to Department of Human Services for investigation of complaint related issues. You may gain access to your own information by contacting Council's Freedom of Information Officer/Privacy Officer (telephone 5624 2411).

Office Use Only

Registration Number _____

Checked by EHO _____

Receipt Number _____ n.a. _____

Date Received _____