



Legionella Control Notification Form Water-Cooling / Warm-Water Systems

Details of Premises on which system is installed

Name of premises
Address of premises
Type of Premises: <i>Eg: Residential, Commercial</i>

Occupier of Premises

Business name		
ABN		
Address		
Name of contact person		
Email address		
Phone number	Work	Mobile

Water Cooling System Details

Number of Systems	
Number of Towers	
Type of System/s <i>Eg: Water Cooling System, Warm Water System</i>	
Location of Towers <i>Eg: Rooftop of Building B</i>	
Model/Serial Number	
Cooling Tower Unique Identification Number/s	

Please attach additional sheet if required.

Name of Contractor

Business name		
Name of contact person		
Address		
Phone number	Work	Mobile

Hornsby Shire Council

ABN 20 706 996 972

296 Peats Ferry Rd, Hornsby 2077

PO Box 37, Hornsby NSW 1630

Phone 02 9847 6666

Email hsc@hornsby.nsw.gov.au

Web hornsby.nsw.gov.au



Legionella Control Notification Form Water-Cooling / Warm-Water Systems

Emergency Contact Details

Name of contact person		
Business address		
Email address		
Phone number	Work	Mobile

Strata Manager Details (If Applicable)

Business name		
Name of contact person		
Residential address		
Business address		
Phone number	Work	Mobile

Office Use Only

RC106 GST Exempt	Receipt Number:	Amount:
Date Paid:		Council Ref:

Reference Number: **CT/** _____