**Water Cooling System Business Details:**

|  |  |
| --- | --- |
| Licence No.: | CT      / |
| Trading Name: |  |
| Proprietor/Company Name: |  |
| Owner of Premises (If different from above): |  |
| Premises Street Address: |  |
| Premises Suburb: |  |
| Premises Postcode: |  |
| Contact Person: |  |
| Business Phone: |  |
| Mobile: |  |
| Phone (After Hours): |  |
| Email: |  |

**Water Cooling System Details:**

|  |  |
| --- | --- |
| Number of Systems |  |
| Number of Towers |  |
| Type of System/s |  |
|  |
|  |
| Location of Towers |  |
|  |
|  |
| Model/Serial Number/s |  |
|  |
| Cooling Tower Unique Identification Number/s |  |
|  |

|  |  |  |
| --- | --- | --- |
| I hereby state that the above mentioned systems have been appropriately decommissioned and dismantled by a licensed contractor and are currently not in use: | | |
| Applicant Signature: | Date: |  |

Please forward the completed Decommissioned Water Cooling System Form together with a copy of the certificate of the decommissioning of the tower attached to Hornsby Shire Council.

All correspondence should be addressed to:

The General Manager

PO Box 37

HORNSBY NSW 1630

Email: [hsc@hornsby.nsw.gov.au](mailto:hsc@hornsby.nsw.gov.au)