**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