**COMMUNITY WELLBEING (ENVIRONMENTAL HEALTH)**

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

This form should be completed and returned to: -

Community Wellbeing, Gloucester City Council, Herbert Warehouse, The Docks, Gloucester GL1 2EQ or emailed to: community.wellbeing@gloucester.gov.uk

 Please contact William Larcombe on 01452 396057 if you require any further information

**1. Address where cooling tower/evaporative condenser is to be situated**

Name of premises (if applicable): -

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Address: -

 ................................................................................................................................................................. ..................................................................................................................................................................

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

 Name of person: - .................................................................................................................................................................

Company name: -

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Address: - …...................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Telephone No:

 NB: This information is required should urgent access be required

 **3. How many cooling towers or evaporative condensers are at the address shown in No.1?**

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**4. Please give brief location of each piece of equipment being registered at this time: (north works, main building, south east corner of 3rd floor roof). Please continue overleaf if necessary**

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***Declarations***

 Signed by: …...........................................................................................................................................

 Date: …..................................................................................................................................................

 Position: …............................................................................................................................................