

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

Please return the completed form to:

**Head of Environmental Health
Solihull Metropolitan Borough Council
Council House
Solihull
B91 3QT**

1. Address where cooling tower/evaporative condenser is situated: *Please continue overleaf if necessary*

Name of premises:

Address:

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

Name of Person:

Company Name:

Address:

Tel No.:

N.B. This information is required to enable access to be gained at all times to the notifiable device.

3. How many cooling towers or evaporative condensers are at the address shown in box 1?

4. Please give brief location of each piece of equipment being registered at this time:

Please continue overleaf if necessary.

Declarations

Signed by:

Position:

Date

Acknowledgement: for Local Authority use

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To:

Name of person(s) in control:

Address:

Date of registration

Number of cooling towers registered:

Reference number in case of query:

Signed

Additional details if any

DO NOT WRITE IN THIS SPACE: FOR LOCAL AUTHORITY USE ONLY