THE NOTIFICATION OF COOLING TOWERS AND EVAPORATIVE CONDENSERS
REGULATIONS 1992

Please return completed form:

Food and Health and Safety Section
Planning and Public Protection
County Hall
Wynnystay Road
Ruthin
LL15 1YN

Please use overleaf for any additional information

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

Name of premises:
Address:

2. Person(s) in control of premises

Name of person:
Company Name:
Address:
Tel No:

Contact in case of emergencies outside normal office hours
Name:
Tel:

How many cooling towers or evaporative condensers are at the above address?

<table>
<thead>
<tr>
<th>Name or number of equipment</th>
<th>Equipment type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Computer room cooler</td>
<td>evaporative</td>
<td>on roof of main building</td>
</tr>
</tbody>
</table>

Signed………………………….….. Name (block capital please)……………………………………
Date ………………………… Position ……………………………………………………..