

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

**1. ADDRESS WHERE THE NOTIFIABLE DEVICE (COOLING TOWER OR
EVAPORATIVE CONDENSER) IS TO BE SITUATED:**

Name of premises:

Full Postal Address:

**2. DETAILS OF A PERSON WHO HAS, TO ANY EXTENT, CONTROL OF PREMISES
SHOWN IN BOX 1 ABOVE**

Name of Person:

Address (if different to the premises address above):

Tel:

**3. THE NUMBER OF NOTIFIABLE DEVICES AT THE ADDRESS SHOWN ABOVE IN
BOX 1?**

**4. PLEASE INDICATE THE LOCATION ON THE PREMISES OF EACH NOTIFIABLE
DEVICE (e.g. North Works, Main Building, south east corner of 3rd floor roof):**

Please continue overleaf or add a schedule with further details if necessary.

5. DECLARATION

I DECLARE THAT THE INFORMATION GIVEN ON THIS APPLICATION FORM IS TO
THE BEST OF MY KNOWLEDGE TRUE.

Signed by:

Date:

Name:

Position:

Please return the completed form to: Test Valley Borough Council, Housing and
Environmental Health Service, Beech Hurst, Weyhill Road, Andover, Hampshire, SP10 3AJ; or
by email to: envhealth@testvalley.gov.uk. Telephone Contact for queries: 01264 368000.

Note: Information collected through this application will be held on file electronically by Test
Valley Borough Council and be used for purposes in connection with cooling towers and
evaporative condensers administration and management. Additionally, information may be
provided upon request to other Test Valley Borough Council Services for the purposes of the
prevention and detection of fraud and crime.