



REQUEST FOR PREMISES INSPECTION

I / We request for an inspection to be undertaken for the following premises registered under:

- Food Act 1984
- Public Health and Wellbeing Act 2008
- Residential Tenancies Act 1997

APPLICANT DETAILS

Title:..... Given name(s):.....

Surname:.....

Applicant Address:.....

..... Postcode:.....

Phone Number:..... Mobile Number:.....

Email Address:.....

Reason For Request:.....

PREMISES DETAILS

Trading Name:.....

Street Number:..... Street Name:.....

Township/Locality:..... Postcode:.....

Premises Registration Number:..... Expiry Date :.....

PROPRIETOR DETAILS

Trading Name:.....

Title:.....	Given name(s):.....
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Surname:.....

Address:.....

..... Postcode:.....

.....

Business Phone: Mobile Phone: After Hours Phone:

Email Address:.....

DECLARATION

The information provided in this application is true and complete to the best of my knowledge

.....
Applicant Signature: **Date:**

Proprietor Consent:

As the registered proprietor of the above premises, I give my permission for an inspection to be conducted and the information be provided to the above applicant.

All proprietors are required to sign and print their name in the declaration.

.....
Owner Signature: **Owner Signature:**

.....
Print Name: **Print Name:**

Date:..... **Date:**.....

PAYMENT AND LODGMENT DETAILS

This application form can be lodged in person at one of our Library and Customer Service Centres, by post, or emailed to mitchell@mitchellshire.vic.gov.au.

Please visit the website for the current Fee Schedule for Environmental Health or contact Council on the details listed at the top of this page.



Mitchell Shire Council
113 High Street, Broadford 3658
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Email: mitchell@mitchellshire.vic.gov.au
Website: www.mitchellshire.vic.gov.au

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