

**The Notification of Cooling Towers
and Evaporative Condensers Regulations 1992**

Please return the whole completed form to the above address

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

Name of premises:

Address:

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

Name of person:

Company Name:

Address:

Tel No:

NB – This information is needed to assist in 24 hour access

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

4. **Please give brief location of each piece of equipment being registered at this time** [e.g. North Works, Main Building, South East Corner of 3rd Floor Roof...] Please continue overleaf if necessary

Declaration signed by:

Date:

Signature:

Position:

✂Cut Here.....

Acknowledgement tear off: for local authority use only

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To:

Name of person in control:

Address:

Date of registration:

Number of cooling towers registered:

Ref no:

Local
Authority
Stamp

Additional information, if any

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