

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

- Please return the completed form to:

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

**NB: This information is required to enable access to be gained at all times to the norifiable device.**

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

**4. Please give brief location of each piece of equipment being registered at this time – (North Works, Main Building, south east corner of 3<sup>rd</sup> floor roof).** *Please continue overleaf if necessary.*

Declarations:

Signed by:

Position:

Date:

Acknowledgement tear-off : for Local Authority use

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

To:

Name of person(s) in control:

Address:

Date of registration:

Number of cooling towers registered:

Reference number in case of query:

Local Authority  
Stamp

Additional details if any.

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