

# Inspection report request & Consent to disclose information of a Health Premises – PH&W Act (Vic)



Phone: 9217 2277

TTY: 133 677 - ask for 9217 2170

Fax: 9409 9863

Email: [publichealth@whittlesea.vic.gov.au](mailto:publichealth@whittlesea.vic.gov.au)

Mail: Locked bag 1 Bundoora MDC 3083

Council offices: 25 Ferres Boulevard, South Morang

- Please use this form to apply to the City of Whittlesea Council for an inspection report of a health premises
- Under the Public Health & Wellbeing Act (Vic), the consent of the current proprietor/s is required before any information is released.
- On receipt of the completed request, consent form, and inspection fee, an inspection will be carried out and a report of the current status of the premises will be forwarded to you.

Office use only:	Issued:	Rec'd:	EHO:	Fee:	Auth ref:
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## Premises details

Trading name

Proposed settlement date

D	D	M	M	Y	Y
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Street address

Suburb & postcode

The report is required in: (please tick) 4 days  10 days  (different fees apply)

## Solicitor details representing purchaser

Title

First name

Surname

Postal address

Suburb & postcode

Contact numbers

Business:

Mobile:

## Purchaser details

Title

First name

Surname

Street address

Suburb & postcode

## Details of where to send inspection report

Postal address

Suburb & postcode

Email address

## Signatures

If the business is owned by a sole trader or a partnership, the proprietor/s must sign and print names

If the business is owned by a company or association, an authorised signatory may sign on behalf of that body

Signature of requester 1

Print name

Date

D	D	M	M	Y	Y
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Signature of requester 2

Print name

Date

D	D	M	M	Y	Y
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## Fees

Please contact Council's Health Services for the fee applicable to your business or refer to [www.whittlesea.vic.gov.au](http://www.whittlesea.vic.gov.au) If paying by credit card via post, please use the Credit Card Payment Authorisation at the end of this application.

### Free Telephone Interpreter Service

العربية	9280 1904	Italiano	9280 1905	ਪੰਜਾਬੀ	9280 1907	Tiếng Việt	9280 1901
Ελληνικά	9280 1902	Македонски	9280 1905	தமிழ்	9280 1907	Other	9280 1907
हिंदी	9280 1907	简体中文	9280 1904	Türkçe	9280 1903		

## Privacy statement

Council is collecting the information on this form for the purpose of administration and enforcement of the Public Health and Wellbeing Act 2008 (Vic). The information will be used solely by Council for the primary purpose or directly related purposes. As required under the Public Health and Wellbeing Act 2008 (Vic), this information will be kept in a register (computerised database). In accordance with the Public Health and Wellbeing Act 2008 (Vic) a copy of this information must be made available free of charge to any person who requests it. You may access this information by contacting Health Services on 9217 2277.

# Consent to disclose information of a Health Premises

Public Health & Wellbeing Act (Vic)



I/We (Name of registered Proprietor/s in block letters)

Being the proprietor/s of premises trading as:

Located at: (street address)

Within the City of Whittlesea HEREBY CONSENT to the disclosure of any information and the publication of any documents in your possession or power relating to the said Premises, whether the information or the documents were obtained in connection with the administration of the Public Health and Wellbeing Act 2008 (Vic) or otherwise.

To (name of the person to whom the information or document is to be disclosed or published)

Of (address of the person to whom the information or document is to be disclosed or published)

Proprietor/s contact number

Mobile:

Business:

Signature of proprietor 1

Name (in block letters)

Date

D	D	M	M	Y	Y
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Signature of proprietor 2

Name (in block letters)

Date

D	D	M	M	Y	Y
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**Note: All Proprietors of the premises must provide consent**

# Credit Card Payment Authorisation

**Mail** Locked Bag 1, Bundoora MDC 3083

**Offices**, 25 Ferres Blvd, South Morang VIC 3752

**Phone** 03 9217 2170 **Fax** 03 9217 2111 **TTY** 9217 2420

**Email** [info@whittlesea.vic.gov.au](mailto:info@whittlesea.vic.gov.au) **Web** [whittlesea.vic.gov.au](http://whittlesea.vic.gov.au)

Card type

Visa  Mastercard

Card number

 /  /  / 

Expiry date (MM/YY)

 / 

Cardholder name

Payment amount

\$

I authorise City of Whittlesea to charge the amount stated above.

Cardholder signature

Date

 /  /