 WESTMINSTER CITY COUNCIL

**Registration of Cooling Towers.**

**THE NOTIFICATION OF COOLING TOWERS**

**AND EVAPORATIVE CONDENSERS REGULATIONS 1992**

1. Please return the completed form to:

Westminster City Council

Health & Safety Team

22nd Floor West, Portland House

Victoria

London SW1E 5RS

PLEASE WRITE IN BLOCK CAPITAL LETTERS

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

 Name of premises:

 Address:

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

Name of person:

 Company name:

 Address:

 Tel No: Email:

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

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

1. **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.*

 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 persons(s) in control:

 Address: *Local Authority*

 *stamp* Date of registration:

 Number of cooling towers registered: Reference number in case of query:

 *Additional details if any*

**DO NOT WRITE IN THIS SPACE: FOR LOCAL AUTHORITY USE ONLY**AE360.rsm.pw