



Ararat Rural City

The Environmental Health Officer
Ararat Rural City
P.O. Box 246
ARARAT VIC 3377

PUBLIC HEALTH & WELLBEING ACT 2008 AND FOOD ACT 1984
REQUEST FOR INSPECTION & REPORT

NAME OF PREMISES: _____

ADDRESS OF PREMISES: _____

I/We the undersigned, owners/proprietors of the above premises authorise you to provide

(Interested Party)

Of _____
(Address)

or any Solicitor acting on their behalf with a copy of any report or Certificate of Registration concerning the above premises.

(Current Proprietor) Date ____/____/____

I _____
(Interested Party)

Of _____
(Address)

hereby request you to conduct an inspection of the above premises and provide me/us with a copy of the report of the premises and copies of any outstanding Orders under the Health Act 1958, Public Health & Wellbeing Act 2008 or the Food Act 1984.

Note: Council's prescribed fee must accompany this request

Signed: _____ Date ____/____/____ Proposed Settlement Date ____/____/____

AMOUNT PAID: \$ _____ RECEIPT NO: _____ DATE: _____

DEBTOR REFERENCE: _____