



Request for Inspection, Information and Documents

I/we, _____ *Applicant's name/
*Company name

Of _____ Address for correspondence

Contact Person _____ Telephone _____

Applicant's Ref _____

Request for an inspection to be undertaken of the following premises registered under:

- Food Act 1984 Public Health and Wellbeing Act 2008 Residential Tenancies Act 1997

Premises Details

Trading Name _____

Trading Address _____

Town:: _____ Postcode: _____

Proprietors Consent

I/ we the proprietor/s of the above mentioned premises registered by Loddon Shire Council **HEREBY CONSENT** to the disclosure of any information and the publication of any documents in your possession or power relating to the said registered premises whether the information or the documents were obtained in connection with the administration of the Food Act 1984/Public Health and Wellbeing Act 2008/ Residential Tenancies Act 1997 or otherwise to the Applicant named above.

Company Name _____

Full name of Proprietor 1: _____

Full name of Proprietor 2: _____

Street: _____ Town: _____

State: _____ Postcode: _____

Phone Numbers Work _____ Home: _____ Mobile _____

Signed _____ Signed _____

Print Name _____ Print Name _____

Date _____ Date _____

Office Use Receipt Number: _____ Date: _____

Privacy statement

Loddon Shire Council
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