



REQUEST FOR INFORMATION & DOCUMENTS

Premises registered under the:

FOOD ACT 2003

PUBLIC HEALTH ACT 1997

I/We (Full Name of Proprietor/s).....

Of (Address Of Proprietor/s).....

Being the Proprietor/s of registered premises (Name of premises).....

Situated at (Address of Premises).....

within the City of Hobart **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 where the information or the documents were obtained in connection with the administration of the Food Act 2003 / Public Health Act 1997 (strike out that not applicable).

to.....
(Name of person to whom the information or document is to be disclosed or published)

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

NOTE: ALL PROPRIETORS OF THE FOOD PREMISES MUST SIGN THIS CONSENT. WHERE THE PROPRIETOR IS A COMPANY, AT LEAST ONE DIRECTOR MUST SIGN

.....
(Signature of Proprietor)

.....
(Signature of Proprietor)

.....
(Signature of Proprietor)

.....
(Name of Proprietor) (please print)

.....
(Name of Proprietor) (please print)

.....
(Name of Proprietor) (please print)

Date:.....

Date:.....

Date:.....

To be completed by person requesting the information

Name.....

Postal Address.....

Contact Number.....Email Address.....

I acknowledge and accept that there is a fee associated with the request for information and documents. Please refer to Council's fees & charges booklet for the fee.

.....
(Signature of Requestor)

.....
Date

OFFICE USE ONLY
Date Received:
Receipt Number:
Amount:
Allocated Officer: