



REQUEST FOR INFORMATION & DOCUMENTS

Premises Registered under the:

FOOD ACT 1984

PUBLIC HEALTH AND WELLBEING ACT 2008

RESIDENTIAL TENANCIES ACT 1997

I/We
(Full Name of Proprietor/s)

of
(Address of Proprietor/s)

being the Proprietor/s of a registered premises situated at:

.....
(Address of Premises)

within the Central Goldfields 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
(Name of person to whom the information or document is to be disclosed or published)

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

Date:.....

.....
(Signature of Proprietor)

.....
(Signature of Proprietor)

.....
(Name of Proprietor)

.....
(Name of Proprietor)

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