



Environmental Health Unit
 311 Glenferrie Road MALVERN
 PO Box 58
 MALVERN 3144
 Phone: 8290 3393
 Fax: 9521 2255
 www.stonnington.vic.gov.au

Property Enquiry Report Request

Fee \$230

Part 1. Applicant Details

Name of Applicant:	
Postal Address: (Report will be posted to this address)	
Email:	
Telephone:	
Signature:	

Part 2. Current Proprietor Details

Current Proprietor Name:	
Current Trading Name:	
Premises Address:	
Email:	

I, the proprietor of the premises named in "Part 2. Current Proprietor Details", hereby consent to the disclosure of any information and documents in Council's possession or power relating to the above named premises whether the information or documents were obtained in connection with the administration of the *Food Act 1984*, *Public Health and Wellbeing Act 2008* or otherwise, to the person named in "Part 1. Applicant Details".

Name of current proprietor

Signature of current proprietor

Note to Current Proprietor:

- If premises owned in partnership, both parties must provide consent.
- If premises owned by a company, consent must be given by a director of the company.

Note to Applicant:

- Council is under no statutory obligation to provide the information contained in this report. The information is provided voluntarily and Council accepts no liability for, and does not warrant, accuracy of the information. Accordingly, you should not rely on the information without first carrying out your own enquiries to ascertain its accuracy.
- Please note that this report is limited to compliance with the *Food Act 1984* and/or the *Public Health and Wellbeing Act 2008* only. For information regarding compliance with Building regulations and Fire Safety you are advised to seek the services of a qualified Building Surveyor.
- Assessment of equipment is limited to capacity, holding temperature, and/or suitability for current use at time of inspection only, and should not be interpreted as an indication of mechanical soundness or otherwise.

Office Use Only

Acct: R2600.2210 Health Application Fee

Receipt no.:

EHO area:
EHO Name: Registration
Number:

Fee paid:
Consent obtained:
Report sent: