**Request for an inspection and report**

**Food Act 1984, Public Health & Wellbeing Act 2008, Residential Tenancies Act 1997**

I/We Click here to enter text.

Of Click here to enter postal address

Have intentions of purchasing the following business:

Name of Business: Click here to enter text.

Address of Business: Click here to enter text.

I/We request that Mount Alexander Shire Council’s Environmental Health Officer conduct an inspection and provide a report of all outstanding items.

Dated : Click here to enter a date.

Name : Click here to enter text.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact and details for report to be sent to:

Note: You must have completed “Consent to divulge information” for Mount Alexander Shire Council to release the report to you.

Inspection request with less than 2 week’s notice

Inspection request with more than 2 week’s notice

Please refer to Council’s website for current fees.

<http://www.mountalexander.vic.gov.au/Page/page.asp?Page_Id=461&h=0>

|  |  |
| --- | --- |
| FOR OFFICE USE ONLY  Date: / / Cashier \_\_\_\_\_\_\_\_  Received by Cash Cheque  Eftpos  Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number : 2125000.5205 | RETURN ADDRESS:  Cnr Lyttleton & Lloyd Streets  PO Box 185  Castlemaine Vic 3450  Ph: (03) 5471 1700  Email: info@mountalexander.vic.gov.au |

**Consent to Divulge Information**

I Click here to enter current proprietor (authorised person)

Of Click here to enter business name.

Situated at Click here to enter business address.

Give permission to Mount Alexander Shire Council to divulge the following information:

The results from the most recent inspection report.

Copies of any relevant records stored in the Council’s premises associated with the above mentioned premises

Other Click here to enter text.

To Click here to enter name of person requesting inspection report

Of Click here to enter address of requestor

Requester’s Contact Number Click here to enter text.

Name: Click here to enter text.

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

**RETURN ADDRESS**:

Cnr Lyttleton & Lloyd Streets

PO Box 185

Castlemaine Vic 3450

Ph: (03) 5471 1700

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