



**THE NOTIFICATION OF COOLING TOWERS AND  
EVAPORATIVE CONDENSERS REGULATIONS 1992**

**1. Address where cooling tower/evaporative condenser is to be situated:**

*(Please continue on separate sheet if necessary)*

Name of Premises:

Address:

**2. Person(s) in control of premises:** *(Please continue on separate sheet if necessary)*

Name of Person:

Company Name:

Address:

Tel no.:

**NB: The information is required to enable access to be gained at all times to the notifiable device.**

**3. How many cooling towers or evaporative condensers are at the address shown in box 1?**

**4. Please give brief location of each piece of equipment being registered at this time (for example North Works, main building, south east corner of 3<sup>rd</sup> floor roof):** *(Please continue on separate sheet if necessary)*

**5. Additional details if any:**

**6. Declaration:**

Signed:

Date:

Position:

Acknowledgement: for Local Authority Use

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To:

Names of Person(s) in control:

Address:

Date of Registration:

Number of cooling towers registered:

Reference number (in case of query):

**DO NOT WRITE IN THIS SPACE: FOR LOCAL AUTHORITY USE ONLY**

Please return the completed form to:

**ENVIRONMENTAL HEALTH  
COMMUNITY PROTECTION  
EAST DUNBARTONSHIRE COUNCIL  
SOUTHBANK HOUSE  
STRATHKELVIN PLACE  
KIRKINTILLOCH  
G66 1XQ**

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