



**THE NOTIFICATION OF COOLING TOWERS AND  
EVAPORATIVE CONDENSERS REGULATIONS 1992  
NOTIFICATION TO THE LOCAL AUTHORITY**

Address of Premises :

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Name of Company :

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Name of Person in Control of Premises :

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Position in Company :

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Address of Contact Person :

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Contact Tel No :

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Email Address :

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Details of the Premises where  
the Devices are Located  
(Address, Operating As)

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Number of Notifiable Devices at the  
Premises :

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With regard to the location on the premises of each of the notifiable devices, please enclose a site plan and description of the building (position, height, etc).

Signed :

Date

\_\_\_\_\_ : \_\_\_\_\_

Position within Company

:

\_\_\_\_\_

**Please return completed Form to :**  
**Regulatory Services Manager, Argyll and Bute Council, Planning & Regulatory**  
**Services, Kilmory, Lochgilphead, Argyll PA31 8RT**