|  |  |
| --- | --- |
| Baw Baw Logo white [Converted] | Application formRELEASE OF INFORMATIONFOOD ACT |
| **Section 1 – About the Proprietor** |
| I, |  | the proprietor of |  |
| located at  |  |
| am the holder of the Food Act certificate with registration no. |  |
| hereby authorise pursuant to the Food Act, the disclosure of information of inspections and notices issued by Authorised Officers in regard to the said premises to: |
| Name |  |
| Address |  |
|  |  |
| Signature of Proprietor |  |
| Date |  |
|  |
| **Return in person to one of our customer service centre's in Warragul or Drouin.** **Return by mail to PO Box 304, Warragul, 3820. For enquiries please phone (03) 5624 2411** **Email completed form to** **Health@bawbawshire.vic.gov.au***The information requested on this form is being collected by Council for the purposes registration under the Food Act. This information will be used solely by Council for that primary information or directly related purposes. Council may disclose this information to Department of Health for investigation of complaint related issues. You may gain access to your own information by contacting Council’s Freedom of Information Officer/Privacy Officer (telephone 5624 2411).* |
| **Office Use Only** |
| Registration Number |  | Checked by EHO |  |
| Receipt Number | n.a. | Date Received |  |