



MANSFIELD SHIRE

Request for Information and Documents

I/We _____
(Name of Proprietor[s])

of _____
(Address of Proprietor[s])

being the Proprietors of Food/Health Premises:

(Trading Name)

at: _____
(Address of Premises)

within the Mansfield Shire Council HEREBY CONSENT to the disclosure of any information and the publication of any documents in your possession or power relating to the said Food and/or Health Premises whether the information or the documents were obtained in connection with the administration of the Food Act 1984/Public Health and Wellbeing Act 2008 (Vic) or otherwise to:

Name and address of person to whom the information or document is to be disclosed, forwarded or published to:

_____ or their agent.

Dated this _____ day of _____ year _____

(Signature of Proprietor)

(Signature of Proprietor)

(Name of proprietor)

(Name of Proprietor)

(Address of Proprietor)

(Address of Proprietor)

NOTE: ALL current Proprietors of the Food and/or Health Premises must sign this consent

Please return completed form to the Senior Environmental Health Officer - Mansfield Shire Council:

Post: Private Bag 1000, Mansfield Vic 3724 In Person: 33 Highett Street, Mansfield Vic 3722
E-mail: council@mansfield.vic.gov.au Fax: 03 5775 2677