

Consent to Disclose Information

Please use this form to notify Alpine Shire Council of your consent to disclose information

Request for Information / Documents

Title Surname Given name/s

Street address Suburb/town State Postcode

Title Surname Given name/s

Street address Suburb/town State Postcode

Being the Proprietor/s of: (name premises)

Address of premises Suburb/town State Postcode

Email

HEREBY CONSENT to the Alpine Shire Council disclosing information and documents about the above mentioned premises in relation to the administration of the Food Act 1984/ Public Health and Wellbeing Act 2008/ Residential Tenancies Act 1997 to the following persons.

Information and Documents to be supplied to:

Title Surname Given name

Street address Suburb/town State Postcode

Email

Title Surname Given name

Street address Suburb/town State Postcode

Email

Signatures of Current Proprietor/s or Directors:

*Print applicant's name *Signature *Date

*Print applicant's name *Signature *Date