

**Public Health Unit**

293 Springvale Road (PO Box 1)

GLEN WAVERLEY 3150

Telephone 9518 3539 or 9518 3540 Fax 95183444



CITY OF MONASH

**CONSENT TO DISCLOSE INFORMATION**

**TO BE COMPLETED BY THE CURRENT PROPRIETOR**

**To: City of Monash**

Re: (address of premises)

.....

Trading name.....

I (Name) ..... of address .....

hereby consent to the disclosure, to any person or his agent purporting to have an interest in purchasing the above property and/or business being conducted thereat, of any information or document obtained by an authorised officer of the City of Monash in connection with the administration of the Food Act 1984 or the Public Health and Wellbeing Act 2008.

Date: .....

Signature: .....

**PRIVACY STATEMENT**

Council collects and uses the personal information on this form for the purpose of facilitating an inspection of the relevant premises by the Public Health Unit, and will not disclose this personal information to anyone unless required to by law. Should you wish to discuss anything on this form please contact Monash Public Health Unit on (03) 9518 3539 or (03) 9518 3540.