

Consent to disclose information

of a Health Premises

Public Health & Wellbeing Act (Vic)

|  |  |  |
| --- | --- | --- |
|  | I/We *(Name of registered Proprietor/s in block letters)* |  |
|  |  |  |
|  | Being the proprietor/s of premises trading as: |  |
|  |  |  |
|  | Located at: (street address) |  |  |  |
|  |  |  |
|  | Within the City of Whittlesea HEREBY CONSENT to the disclosure of any information and the publication of any documents in your possession or power relating to the said Premises, whether the information or the documents were obtained in connection with the administration of the Public Health and Wellbeing Act 2008 (Vic) or otherwise. |  |
|  | To *(name of the person to whom the information or document is to be disclosed or published)* |  |
|  |  |  |
|  | Of *(address of the person to whom the information or document is to be disclosed or published)* |  |
|  |  |  |
|  | Proprietor/s contact number |  |  |  |
|  | *Mobile:* |  | *Business:* |  |
|  |  |  |  |  |
|  | Signature of proprietor 1 |  | Signature of proprietor 2 |  |
|  |  |  |  |  |
|  | Name *(in block letters)* |  | Name *(in block letters)* |  |
|  |  |  |  |  |
|  | Date |  | Date |  |
|  | **D** | **D** | **M** | **M** | **Y** | **Y** |  |  | **D** | **D** | **M** | **M** | **Y** | **Y** |  |  |
|  |  |  |
|  | **Note: All Proprietors of the premises must provide consent** |  |
|  |  |  |