

Form 1: Cooling Tower/System Ownership Information

For Office Use Only

Owner ID: _____

Please check the type of registration you are submitting.

Date: _____

☐ **Initial Registration** - complete and submit the following:

- Form 1: Cooling Tower/System Ownership Information, and Acknowledgement
- Form 2: Cooling System Information for **each** Cooling System
- Form 3: Cooling Tower Information for **each** Cooling Tower within a cooling system

☐ **Annual Registration Update** - Complete all the forms above if any information has changed. If there have been no changes since your last registration, complete and submit only Form 1. The annual registration update is to be sent to the Middlesex-London Health Unit by **January 31st**.

This form must be completed by the Cooling Tower/System(s) owner.

The Cooling Tower/System(s) owner may be an individual, a partnership or a corporation.

Name of Individual *or* Name of the Partnership *or* Corporation that **owns** the Cooling Tower/System(s):

First Name

Last Name

Partnership or Corporation

Name of partner completing this Form on **behalf** of a partnership, *or* president/signing officer completing the Form on **behalf** of a corporation:

First Name

Last Name

Partnership or Corporation

Contact Information

Mailing address and contact information:

Address: _____

PO Box: _____

RR: _____

City: _____

Postal Code: _____

Phone #: _____

Ext: _____

Cell #: _____

Email: _____

Fax: _____

Pager: _____

Important

A cooling system is:

- A single cooling tower; *or*
- A series of cooling towers that share a water recirculation system or a common reservoir.

Total Number of **all** Cooling **Systems**: _____

Total Number of Cooling Towers in **all** Cooling **Systems**: _____

For Annual Registration Updates

☐ Check to indicate that there have been no changes since your last registration, and that Form 2 and Form 3 are not being submitted.

Acknowledgement

I acknowledge as the owner, or as the partner/president/signing officer completing this Form on behalf of the owner, that:

1. The information provided in this form is accurate and complete.
2. It is the responsibility of the Cooling Tower/System(s) owner to notify the Middlesex-London Health Unit annually, in writing using this form, of any changes to the information provided.

Signature: _____ **Date Form Completed:** _____

Print Name: _____

Submit the completed forms by mail, fax, or scan and email to:

Cooling Tower/System Registration
Middlesex-London Health Unit
50 King Street
London, ON N6A 5L7
Fax: (519) 663-9276
Email: coolingtowerproject@mlhu.on.ca

For questions contact:

Phone: (519) 663-5317 ext. 2300
Email: coolingtowerproject@mlhu.on.ca

Personal information on this Form is collected under authority of The Health Protection and Promotion Act, R.S.O. 1990, Ch. H7. It will be used for ownership identification and enforcement of the pertinent Regulations under this Act. Contact the Director of Environmental Health if you have further questions.