



Application for Health Search

I/We, _____
FULL NAME

POSTAL ADDRESS

CONTACT PHONE NUMBER

FAX NUMBER

hereby make application for search of Council's health records in respect to the following property:

BUSINESS DESCRIPTION: _____

REAL PROPERTY DESCRIPTION: _____ PARISH: _____

PROPERTY SITUATED: _____

VENDOR: _____

PURCHASER: _____

PROPOSED SETTLEMENT DATE: _____

Please reply via: Post Facsimile Email

Mailing/Facsimile/Email address _____

I/We hereby acknowledge that the provision of the information or advice requested by me/us of the Hinchinbrook Shire Council through its Officers will not give rise to any cause of action on my/our part and I/we hereby expressly release the said Council and its Officers from any duty of care which might otherwise arise in relation to the provision of such information or advice, including the expression of any opinion. I/We expressly waive any obligation on the part of the said Council and its Officers whether express or implied, in relation to the provision of such information or advice.

Dated this _____ day of _____, _____

SIGNATURE OF APPLICANT/S

SIGNATURE OF APPLICANT/S

N.B. Please note that a report only will be provided. Proof of ownership or permission from the business owner is compulsory if copies of records or plans are required. This also includes the sighting of any such documents. The Application for Health Record Search form must be submitted together with the prescribed fee.

Please allow seven (7) working days for receipt of a Health Record Search Report.

PRIVACY CLAUSE

The information collected on this Form will be used by the Hinchinbrook Shire Council in accordance with the processing and assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the *Information Privacy Act 2009*) or as required by the Queensland State Government. This information may be stored in the Council data base. The information collected will be retained as required by the *Public Records Act 2002*.

OFFICE USE ONLY: FEE PAID: _____ **RECEIPT NO:** _____

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