

## Acknowledgement & Ownership Information

Registration ID

### IMPORTANT:

1. Complete all 3 Forms;  
Part A: Acknowledgement & Cooling Tower Ownership Information  
Part B: Cooling Tower System Information for **each** Cooling Tower System  
Part C: Cooling Tower Information for **each** Cooling Tower
2. Keep a copy of your completed Registration Forms for future reference.

### 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(s) owner to notify Public Health Services, in writing using this Form, of any change to the information provided in this Form within 10 days of the change.
3. The owner of the Cooling Tower(s) will be Public Health Services' primary contact.
4. It is the responsibility of the Cooling Tower(s) owner to ensure compliance with the City of Hamilton Cooling Tower Registry By-law.

Signature \_\_\_\_\_

Date form completed \_\_\_\_\_

Print Name \_\_\_\_\_

For general inquiries please call the Safe Water Info Line at 905-546-2189

Send completed registration forms by email, Fax, or mail to:

Email: [safewater@hamilton.ca](mailto:safewater@hamilton.ca)

Fax: 905-546-2787

Mail: City of Hamilton Public Health Services

Safe Water Program  
110 King St W 2<sup>nd</sup> Floor  
Hamilton ON L8P 4S6

Personal information required by this Form is collected pursuant to the City of Hamilton Cooling Tower Registry By-law and will be used for Cooling Tower Registry purposes. Questions regarding the collection of this information may be addressed to: Eric Mathews, Manager - Safe Water Program, 110 King St W 3rd Floor, Hamilton ON L8P 4S6 (905) 546-2424 Ext. 2186.

## Part A: Cooling Tower Ownership Information

This form must be completed by the Cooling Tower(s) owner. The Cooling Tower(s) owner may be an individual, a partnership or a corporation.

Full name of the Individual *or* Name of the Partnership *or* Corporation that **owns** the Cooling Tower(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Surname

Given Name

Partnership or Corporation

Full name of partner completing this Form on **behalf** of a partnership or president/signing officer completing the Form on **behalf** of a corporation.

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Surname

Given Name

### Contact Information

*Mailing address and contact information*

Level/Floor	<input type="text"/>	Unit/Suite	<input type="text"/>				
Street No.	<input type="text"/>	Street name	<input type="text"/>				
Street Type	<input type="text"/>	Street Direction	<input type="text"/>				
City	<input type="text"/>	Postal Code	<input type="text"/>	PO Box	<input type="text"/>	RR#	<input type="text"/>
Phone #	<input type="text"/>	Ext.	<input type="text"/>	Cell #	<input type="text"/>		
Email	<input type="text"/>						
Fax	<input type="text"/>	Pager	<input type="text"/>				

### Important:

A Cooling Tower System is:

- (i) a single Cooling Tower; or
- (ii) a series of Cooling Towers that share a water recirculation system or a common reservoir.

Total Number of all Cooling Tower Systems

Total Number of Cooling Towers in all Cooling Tower Systems