



To: Environmental Health Officer
Shire of York
PO Box 22
YORK 6302

Please be advised that the details of the Licensed Plumber overseeing the **connection** of the effluent disposal system at:

(Insert address)

is as follows:

Name: _____

Address: _____

Postal Address: _____

Phone Number: _____

Licence Details: _____

Declaration:

I _____ being the Licensed Plumber listed above advise the Shire of York that I will be the plumber responsible for the **connection** of the effluent disposal system at the above address and I take full responsibility in ensuring the apparatus is **connected** in accordance with the Plumbers Licensing and Plumbing Standards Regulations 2000.

(Signature)

(Date)