Cancellation of registration

*Safe Drinking Water Act 2011*

If a registered drinking water provider ceases to be engaged in the supply of drinking water they must notify the Department for Health and Ageing within **14 days** using this form.

Please fill out all sections of this form and send or email a completed and signed copy to:

|  |  |
| --- | --- |
| Water Quality Unit Public HealthDepartment for Health and AgeingPO Box 6, Rundle MallADELAIDE SA 5000  | Telephone: 8226 7100Fax: 8226 7102Email: waterquality@health.sa.gov.au[www.sahealth.sa.gov.au/safedrinkingwateract](http://www.sahealth.sa.gov.au/safedrinkingwateract) |

**Section 1: Drinking water provider details**

Trading name:

Name of registered drinking water provider:

Type of business (e.g. hospital, food premise):

Location of water supply (town name or suburb):

**Section 2: Supply details**

Date supply of drinking water ceased:

Reason for ceasing to supply (e.g. sold business, switched from rainwater to mains water):

Do you plan to recommence supply of drinking water in the future?

No [ ]  Yes [ ]

**Declaration**

 The information contained in this form and attached documentation is true and complete to the best of my knowledge.

Print name\*:

Signature\*:

Date submitted:

***\*Name and signature of registered drinking water provider***

Your details will be removed from our current list of drinking water providers. If you wish to recommence supply of drinking water you must notify the Department for Health and Ageing.