Request for Removal of Notification of Conviction (online form)

Note: this form to be emailed to foodunit@health.wa.gov.au. Please retain a copy of this form for your records along with the appropriate evidence needed in order to support the removal from the register.

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| **Enforcement Agency Name:** |       |
| **Date of conviction:** |       |
| **Name of food business:** |       |
| **Name of person/s convicted:** |       |
| **Address of food business where offence was committed:** |       |
| **Date of offence:** |       |
| **Reason for request:** |       |

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| --- | --- | --- |
| **Section of Act/Subsidiary Legislation** | **Details of offence** | **Penalty imposed** |
|       |       |       |
|  |
| **Name of Council Chief Executive Officer:** |       |
| **Signature:** |       |
| **Date:** |       |