

BUSINESS INFORMATION

NAME: _____
(Business Name)

TYPE OF BUSINESS: _____

CONTACT NAME: _____

ADDRESS OF BUSINESS: _____

TOWN _____ POSTCODE: _____

POSTAL ADDRESS: _____

TOWN _____ POSTCODE: _____

TELEPHONE: () _____

FACSIMILE: () _____

MOBILE: _____

EMAIL: _____

WEBSITE: _____

Name of person completing form: _____ Signature: _____

Date: _____

**CHANGES TO ENTRIES CAN BE EITHER
emailed to info@yarriambiack.vic.gov.au or faxed to (03) 5398 2502**

PRIVACY STATEMENT

The Yarriambiack Shire is committed to meeting the requirements set out in the Information Privacy Act 2000 in regards to management and handling of personal information. Consequently, we will:

- Only use personal information provided by you for the purposes for which it was collected and for any other authorised use.
- Not disclose your personal information to a third party and will take all necessary measures to prevent unauthorised access or disclosure.
- Ensure that your personal information is not disclosed to other institutions and authorities outside Council except if required or authorised by law.