Request for Removal of Notification of Conviction (online form)

Note: this form to be emailed to [foodunit@health.wa.gov.au](mailto: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** |
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|  | | | |
| **Name of Council Chief Executive Officer:** | |  | |
| **Signature:** | |  | |
| **Date:** | |  | |