

Schedule 7
Shire of Esperance
Health Act 1911
APPLICATION FOR LICENCE OF A MORGUE

To: Chief Executive Officer
Shire of Esperance

(Full name in block letters)

of _____

(Residential Address)

apply to licence the premises listed below as a Morgue

Address of premises:.....

.....

Name of premises:.....

.....

Dated this _____ day of _____

(Signature of Applicant)

Schedule 8
Shire of Esperance
Health Act 1911
CERTIFICATE OF LICENCE OF A MORGUE

This is to certify that the following premises is licensed as a Morgue from the

_____ day of _____ until 30th Day of June _____.

Address of premises:.....

.....

Name of Premises:.....

.....

Dated this _____ day of _____

Environmental Health Officer