

# Form 3 Notice – Resumption of operation of automatic fluoride dosing equipment or water blending equipment

*Water Fluoridation Regulation 2020 – Part 3 section 10(1) and Part 4 section 16(1)*

### Purpose of form

This form may be used by a public potable water supplier to give Notice to the chief executive regarding the resumption of operation of its automatic fluoride dosing equipment or water blending equipment after a continuous period of 14 days or longer of non-operation.

Date of notification	
Public potable water supplier	
ABN/ACN	
DRDMW Service Provider ID	
Street address of potable water supplier	
Town/suburb	
Postcode	
Postal address (if different to street address)	
Name of treatment plant	
Location of treatment plant	

## Details of the period of non-operation

Commencement date of period of non-operation	
Date that operation recommenced	

## Details of person submitting Notice

Principal contact name	
Principal contact position	
Telephone number	
Email	

This Notice may be submitted to:

Email: [fluoride@health.qld.gov.au](mailto:fluoride@health.qld.gov.au)

Post: Chief Executive, Department of Health, C\ - Director, Water Unit, PO Box 2368, FORTITUDE VALLEY BC QLD 4006