Notification of Public Swimming Pool or Spa Pool

Local Government Authority Area: ______________________________

Types of Pool(s): _____________________________________________

Address of Premises: __________________________________________

Telephone of Pool Premises: ___________________________________

Name of Occupier of Premises: _________________________________

ABN or ACN (if any): __________________________________________

Occupier Residential Address: _________________________________

Occupier Contact Details:

    Residential Telephone: _________________________________

    Mobile Telephone: _________________________________

    EMail: _________________________________

This notice is to be accompanied by the fee (not exceeding $100) determined by the local government authority

NOTES:
1. The local government authority must be notified within 7 days of any change of particulars.