

NOTIFICATION OF PUBLIC SWIMMING POOL OR SPA POOL

In accordance with Section 35(2) Public Health Act 2010

Clause 19 Public Health Regulation 2012

Business information of Premises

Types of Pool(s):	Hydrotherapy		Toddler
	Olympic		Training
	Resort		Other
	Spa		
Business Name:			
Lot:	Section:	DP:	Unit/Shop/House No:
Street:			
Suburb:			Post Code:
Telephone of Pool Premises:			

Occupier of Premises (Mandatory Fields – all boxes must be completed)

Name of Occupier:	
ABN or ACN (if any):	
Occupier Residential Address:	
Contact details :	Home Phone:
	Mobile:
	Email:

Signed	Dated
---------------	--------------

Council must be notified within 7 days of any change of these particulars.

Fee only applies when notifying a new pool.

FEE DETAILS

CASHIER CODE: 926

DATE:	RECEIPT NO:	AMOUNT \$	PN:
--------------	--------------------	------------------	------------

Customer Service Centre
Port Macquarie-Hastings Council
Cnr Lord & Burrawan Streets,
P O Box 84, PORT MACQUARIE 2444

Contact
Environmental Health Officer
Phone: (02) 6581 8111
Fax: (02) 6581 8123
Email : council@pmhc.nsw.gov.au



**PORT MACQUARIE
HASTINGS**