

Public Health Act 2010 (NSW)(NI)

Regulations 2012 (NSW) (NI)

REGISTRATION OF A PUBLIC SWIMMING POOL OR SPA

About this form: You must use this form to apply to the 'Waste and Environment Section, c/- the Norfolk Island Regional Council for the registration of a public swimming pool or spa **How to complete this form**

- Ensure that all fields have been filled out correctly in BLOCK LETTERS.
- 2. Please note that fields on this form marked with an * are mandatory and must be completed before submitting this form
- Once completed you can submit this form by mail, email or in person together with a copy of the receipt of payment
- 4. If there is insufficient space to provide details on this form, please attach a separate sheet(s).

Privacy

Your personal information will be collected, stored, used and treated in compliance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APP) in force from time to time. Where they are not inconsistent with the above Commonwealth laws, Section 739 of the *Local Government Act 1993 (NSW)(NI)* (protection of privacy) as well as the NSW Model Privacy Management Plan for Local Government and the Privacy Code of Practice for Local Government (NSW) may also be or become applicable to our management and use of your personal information.

NAME OF APPLICANT *			
I,			
Address *			
Email *	Phone *		
Address and Telephone of the premises on w different from above):	which the public swimming pool or spa is located (if		
Address:			
Phone:			
ABN/CBN (if any):			
Pool: YES / NO	Spa: YES / NO		
Disinfection Type (i.e. Chlorination/Salt):			
Signature of Applicant(s): *	Date: *		
	Ducc.		

Mail:	'Waste & Environment Section' c/- Norfolk Island Regional Council PO Box 95, NORFOLK ISLAND 2899		
Email: In Person:	customercare@nirc.gov.nf 9 New Cascade Road, Norfolk Island	Subject: Attention: 'Health & Water Officer'	
What now	: Once your application is received a	n Officer will respond withi	n 10 working days.
OFFICIAL U	JSE ONLY		
Receiving Officer - Name:		Date:	
Receiving (Officer - Signature:		
INSPECTIN	IG OFFICER		
Date Inspe			
	on Number	*	
Filtration S			
Disinfectio	n System		

LODGEMENT DETAILS