

Administration Building: 180 Mort Street Lithgow
Postal Address: PO Box 19 Lithgow NSW 2790
Phone: (02) 63549999
Fax: (02) 63514259
Email: council@lithgow.nsw.gov.au
Web: www.lithgow.nsw.gov.au
ABN: 59 986 092 492



Notification of Skin Penetration Procedures
Section 38(2) Public Health Act 2010
Clause 31 Public Health Regulation 2012

Please complete all sections and when completed please submit this form to Council.

NOTE:

1. Where the procedure premises are mobile, the occupier must notify the Local Government Authority in which the occupier resides.
2. Lithgow City Council must be notified within seven (7) days of any change to these particulars.
3. This notice is to be accompanied by the fee determined by Lithgow City Council (not exceeding \$100).

Premises Details:

Business Trading Name: _____

Street Address: _____

Postal Address: _____

Lot: _____ Section: _____ DP: _____ Property No: _____

Business Details:

Company Name (if applicable): _____

Contact Person: _____

Contact Number: Business Hours: _____ After Hours: _____

Email Address: _____

ABN or ACN Number: _____

Types of Skin Penetration Procedure(s):

Normal Hours of Operation:

| | | | |
|-------------|-------|----|-------|
| Mon to Fri: | _____ | to | _____ |
| Sat | _____ | to | _____ |
| Sun | _____ | to | _____ |

Occupier of Procedure Premises Details:

Name: _____

Residential Address: _____

Postal Address: _____

Contact Number: Residential: _____ Mobile: _____

Email Address: _____

Declaration:

In submitting this notification, I acknowledge that:

- I/We declare that the information provided in this form is true and correct to the best of my knowledge.

Name: _____

Signature: _____

Date: ____/____/____

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

By completion of this form, you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.

OFFICE USE ONLY

DATE RECEIVED: ____/____/____ RECEIPT NO.: _____
RECEIVED BY: _____ AMOUNT PAID: _____
RECEIPTED BY: _____ COST ACCOUNT: _____
SIGNATURE: _____
NOTES: _____

| | | | |
|---------------------|------|-----------------|--------------|
| Maintained By Dept: | ED&E | Effective Date: | Review Date: |
| Version: | 1 | 1 July 2021 | July 2023 |