Administration Building: 180 Mort Street Lithgow **Postal Address:** PO Box 19 Lithgow NSW 2790

Email Address:

Phone: (02) 63549999

Email: council@lithgow.nsw.gov.au **Web:** www.lithgow.nsw.gov.au

ABN: 59 986 092 492



Notification of Public Swimming Pool or Spa Pool Section 35(2) Public Health Act 2010 Clause 30 Public Health Regulation 2022

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

NOTE:

Premises Details:

- 1. Lithgow City Council must be notified within seven (7) days of any change to these particulars.
- 2. This notice is to be accompanied by the fee determined by Lithgow City Council (not exceeding \$105).

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 Pool(s): _____ **Occupier of Premises Details:** Name: __ Residential Address: Postal Address: ____ Contact Number: Residential: _____ Mobile: _____

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 NOTIC By completion of this form, you may be providing Council with pose a lawful purpose directly related to the function of Council. Inform of Council's business operations. We will take reasonable care recome under the Government Information (Public Access) Act 20	ersonal information. Council will collect the information only for mation provided to Council may be used in conjunction with any not to disclose personal information. Exempt documents may
OFFICE USE ONLY	
DATE REVEIVED://	RECEIPT NO.:
RECEIVED BY:	AMOUNT PAID:
RECEIPTED BY:	COST ACCOUNT:
SIGNATURE:	
NOTES:	

Maintained By Dept:	ENV	Effective Date:	Review Date:
Version:	2	16 February 2023	February 2027