



**CITY STANDARDS AND COMPLIANCE**

Cnr Queen Street and Broughton Street  
 (PO Box 57) Campbelltown NSW 2560  
 Phone (02) 4645 4000 – Fax (02) 4645 4111

**Public Swimming Pools and Spa Pools Registration Form**

**Privacy Statement**

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

**Purpose for submitting this form**

- New premises - Date of opening: \_\_\_\_\_  Change of details
- Change of proprietor - Date ownership changed: \_\_\_\_\_

**Premise and Business Details**

Business Trading Name: (as registered with Office of Fair Trading)			
Street Address:			
Suburb:		Post code:	
Business Phone:		Fax:	
Email:			
ABN/ACN:			
Operating Hours:			

**Proprietor Details**

**Proprietor 1 - All correspondence and invoices will be sent to this proprietor (no Po Boxes or shop address details will be accepted).**

- Mr       Mrs       Miss       Ms       Other

Surname:		First Name:	
Address:			
Phone No:		Mobile:	

**Proprietor 2 (if applicable)**

- Mr       Mrs       Miss       Ms       Other

Surname:		First Name:	
Address:			
Phone No:		Mobile:	

**Company Details (if applicable)**

Registered Office Address:	
----------------------------	--

**Type of Swimming Pools/Spas and Disinfection Processes**

Type of Pool	Number of Pools	Disinfection Process (Chlorine/Bromine)
Swimming Pools Indoor		
Swimming Pools Outdoor		
Spas Indoor		
Spas Outdoor		

**New Premises/Change Of Use**

- Development Consent obtained :  N/A     Yes     No
- Construction Certificate for the swimming pools/spa pools obtained:  N/A     Yes     No

**Applicant Declaration**

I declare that to the best of my knowledge, the information provided in this application is accurate and correct and I am duly authorised to submit this form.

Applicant's Name:		Signature:	
Applicant's Position:		Date:	

**DATA AND DOCUMENT CONTROL**

**How to lodge this registration form**

**Address this registration form to:**

The General Manager  
Campbelltown City Council

**Please forward this registration form by way of:**

**Mail**

PO Box 57, CAMPBELLTOWN NSW 2560

**Courier or Personal Delivery**

Council Office  
Cnr Queen and Broughton Street  
CAMPBELLTOWN NSW

**Fax**

02 4645 4111

**email**

council@campbelltown.nsw.gov.au

**How to contact us**

Phone: 4645 4000

Fax: 4645 4111

**Registration fee required**

\$38.00 (Acc. 1-1150-000-2335)

**Payment Methods**

You can pay by cash, credit card or cheque.

Make cheques payable to 'Campbelltown City Council'.

Do not send cash in the mail.

Please complete a Credit Card Authorisation if required,  
which can be downloaded from Council's website:

[www.campbelltown.nsw.gov.au](http://www.campbelltown.nsw.gov.au)

**Office Use Only**

**Environmental Health Officer's Report:**


<b>Inspected by:</b>		<b>Inspection passed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Signature:</b>		<b>Date:</b>	
<b>Data Input by:</b>		<b>Licence Number:</b>	
<b>Next Inspection Date:</b>			

**DATA AND DOCUMENT CONTROL**