

**CITY STANDARDS AND COMPLIANCE**Cnr Queen Street and Broughton Street
(PO Box 57) Campbelltown 2560

Phone (02) 4645 4604 – Fax (02) 4645 4111

**Regulated System Registration form (Water Cooling/Warming System)
under the Public Health Act 2010 and Public Health Regulation 2022****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.

Premises and Business Details

Business Trading Name: (as registered with Office of Fair Trading)			
Unit No:	Street No:	Street Name:	
Suburb:		Post code:	
Business Phone:		Fax:	
Registered Email:			
Operation Hours:		ABN/ACN:	

Occupier's Details**Occupier 1 - All correspondence and invoices will be sent to this occupier** (no PO Boxes or shop addresses).

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Surname:		First name:		
Address:				
Home Phone:		Mobile:		

Occupier 2 - if applicable.

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Surname:		First name:		
Address:				
Home Phone:		Mobile:		

Company Details - if applicable.

Name:			
Registered Office Address:			
After Hours Number:		Phone:	

Emergency Contact Details

In case of a public health emergency - a 24/7 contact person is required to be nominated. A PO Box or the shop address will not be accepted.

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Surname:		First name:		
Residential Address:				
Home Phone :		Mobile:		

New Development/Alteration Details

Development Consent/Complying Development Certificate obtained:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction Certificate for the regulated system(s) obtained:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please note: A registration form must be completed for each water cooling/warm water system.**DATA AND DOCUMENT CONTROL**

Regulated System Type Details			
System Type:		Tower No:	Model/Serial No:
<input type="checkbox"/> Water Cooling	<input type="checkbox"/> Warm Water		
<input type="checkbox"/> Water Cooling	<input type="checkbox"/> Warm Water		
<input type="checkbox"/> Water Cooling	<input type="checkbox"/> Warm Water		
<input type="checkbox"/> Water Cooling	<input type="checkbox"/> Warm Water		
<input type="checkbox"/> Water Cooling	<input type="checkbox"/> Warm Water		
Please attach a site plan indicating the location of the water cooling/warm water system and tower number.			
Regulated System Service Company Details			
Name:			Phone:
Address:			
Regulated System Cleaning Company Details			
Name:			Phone:
Address:			
Regulated System Installation Inspection			
Please contact Council to organise for a Regulated System Installation Inspection on (02) 4645 4604.			
Email Authorisation to receive correspondence by email			
I authorise Campbelltown City Council to serve my assessment/inspection reports, invoices and where applicable, all applications notices and orders for the abovementioned premises by electronic mail (email).			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Please send all correspondence via post to the proprietor's address			
Occupier's 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.			
Occupier's Name:			Signature:
Occupier's Position:			Date:
Occupier's Name:			Signature:
Occupier's Position:			Date:
How to Lodge This Application			
Payment must be included with your application. You can submit your application via the following options:			
Address this form to: The General Manager Campbelltown City Council Please forward this form by way of: Mail: PO Box 57, CAMPBELLTOWN NSW 2560 Courier/Personal Delivery to Council Office: Cnr Queen and Broughton Street CAMPBELLTOWN NSW Fax: 4645 4111 Email: council@campbelltown.nsw.gov.au		Application fee required for new water cooling tower / warm water system(s): \$38.80 (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 you are submitting your application by post, email or fax - which can be downloaded from Council's Website: www.campbelltown.nsw.gov.au How to Contact us: Phone: 4645 4000 Fax: 4645 4111	