



Public Swimming and Spa Pools Registration

Postal Address: Locked Bag 155 Coffs Harbour NSW 2450
Phone (02) 6648 4000; Fax (02) 66484 199; Email: coffs.council@chcc.nsw.gov.au
DX 7559; ABN 79 126 214 487
Administration Building: 2 Castle St Coffs Harbour

Premises Name:

.....

Address of Premises:

.....

Phone Number(s):

Contact Name:

Postal Address (if different from the above):

.....

Number of Pools:

Type of Pool (eg olympic, small, large, spa):.....

Treatment Type:

Signature Date

Office Use Only

Date Received:

Fee:

REFER TO COUNCIL
FEES AND CHARGES

Debtor's No.: Receipt No.:

This information is required under the Public Health Act, 1991, Public Health (Swimming and Spa Pools) Regulation, 2000 to process your application. Your information would comprise part of a public register related to this purpose. The information will be kept by Council and will be disposed of in accordance with the Local Government Disposal Authority. You are entitled to review your personal information at any time by contacting this Council.

IR (.....)