



NOTIFICATION OF PUBLIC SWIMMING POOL

S35(2) Public Health Act 2010, cl19 Public Health Regulation 2012

FORM 11

1. Name and Address Details – Business Owner	Name:	<input type="text"/>				
	Postal Address:	<input type="text"/>		Postcode	<input type="text"/>	
	Phone:	<input type="text"/>				
	Mobile:	<input type="text"/>				
	Email:	<input type="text"/>				
2. Business Details	Unit No:	<input type="text"/>	Street No:	<input type="text"/>	Street:	<input type="text"/>
	Town:	<input type="text"/>				
	ABN No.:	<input type="text"/>				
3. Types of Pools/ Spa Pools	<input type="text"/>					
4. Business Owner's Signature	Signature:	<input type="text"/>				
	Date:	<input type="text"/>				
5. How to lodge your form	Forms should be addressed to: The General Manager Edward River Council			How to contact us: Phone: (03) 5898 3000 Fax: (03) 5898 3029 Email: council@edwardriver.nsw.gov.au		
	Mail: PO Box 270 DENILIQUIN NSW 2710			Personal Delivery: Civic Centre, Civic Place DENILIQUIN NSW 2710		