



NOTIFICATION OF SKIN PENETRATION PREMISES

S38(2) Public Health Act 2010, c131 Public Health Regulation 2012

FORM 10

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 Skin Penetration Procedures	<input type="text"/>
4. Business Owner's Signature	Signature: <input type="text"/> Date: <input type="text"/>
5. How to lodge your form	<p>Forms should be addressed to: The General Manager Edward River Council</p> <p>Mail: PO Box 270 DENILIQUIN NSW 2710</p> <p>How to contact us: Phone: (03) 5898 3000 Fax: (03) 5898 3029 Email: council@edwardriver.nsw.gov.au</p> <p>Personal Delivery: Civic Centre, Civic Place DENILIQUIN NSW 2710</p>