

Public Swimming / Spa Pool Notification Form

This Pool Notification form is designed for a single business location. Please ensure that this form is returned 14 days prior to the commencement of operation.

Business Ownership Details

Name of Proprietor or Company *	<input type="text"/>	Business Contact Person *	<input type="text"/>
Business Phone *	<input type="text"/>	Mobile	<input type="text"/>
Email *	<input type="text"/>	Fax	<input type="text"/>

Business Location Information

Registered Business Name *	<input type="text"/>	Common Trading Name of Business same as Registered Business Name? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABN	<input type="text"/>		
Street Number or Lot? *	Street Number	Lot	Number * <input type="text"/>
Street *	<input type="text"/>	Suburb *	<input type="text"/>
Mailing Address *	<input type="checkbox"/> As Above	<input type="checkbox"/> PO Box	<input type="checkbox"/> Street Address

Brief Description of Facility *

Operating Hours

Will the operating hours be 24 hours / 7 days a week? * Yes No

Pool / Spa Operator

Type of Operator *	<input type="checkbox"/> Contractor	<input type="checkbox"/> In-house	Name of Operator *	<input type="text"/>
Mobile *	<input type="text"/>	Business	<input type="text"/>	
Email	<input type="text"/>	Fax	<input type="text"/>	

Pool Information

Pool Type *	<input type="checkbox"/> Hydrotherapy Pool	<input type="checkbox"/> Indoor Spa Pool	<input type="checkbox"/> Indoor Swimming Pool
	<input type="checkbox"/> Outdoor Spa Pool	<input type="checkbox"/> Outdoor Swimming Pool	<input type="checkbox"/> Waterslide

Pool Disinfection Method *

Bromine Chlorine

Testing Method *

Comparator Photometer Other

Declaration *

I hereby declare that the information contained in this public swimming or spa pool notification form is accurate and complete.

I accept this Declaration *

Name *

Mobile / Business *

Please send all correspondence electronically? *

Yes No
