



# Notification of Installation of Regulated Systems

(Water-Cooling & Warm-Water Systems)

Section 31 of the *Public Health Act 2010* and Clause 11 of the *Public Health Regulation 2012*

File Reference:

Expiry Date: 30 June 2018

## About this form

Use this form to notify Council of the installation water-cooling & warm-water systems or change in particulars of an existing system as required by Section 31 of the *Public Health Act 2010* and Clause 11 of the *Public Health Regulation 2012*

## Any questions

Phone Customer Service on (02) 9391 7000, or call in personally.



## Owner's details (As required by Clause 12 of the *Public Health Regulation 2012*)

### 1. Owner's details

Title: Mr  Mrs  Miss  Ms  Other: .....

Family name (or company): .....

Given names (or ABN or ACN): .....

Postal address: ..... Post Code: .....

Residential address: ..... Post Code: .....

Home Telephone (....) ..... Mobile Telephone (....).....

Business Telephone (....) ..... Email.....

Contact person (Only if a company etc).....



## Occupier's details (As required by Clause 12 of the *Public Health Regulation 2012*)

### 2. Occupier's details

Being any person entitled to occupy the premises or part to the exclusion of the owner.

Title: Mr  Mrs  Miss  Ms  Other: .....

Family name (or company): .....

Given names (or ABN or ACN): .....

Postal address: ..... Postcode: .....

Residential address: ..... Postcode: .....

Home Telephone (....) ..... Mobile Telephone (....).....

Business Telephone (....) ..... Email.....

Contact person (Only if a company etc).....



## Site details (As required by Clause 12 of the *Public Health Regulation 2012*)

### 3. Address & telephone no. of premises on which system installed

Street No: ..... Street: .....

Suburb: ..... Postcode .....

Telephone of Premises .....

### 4. Type of Regulated

Water Cooling System No. of Systems: .....

**System installed**  
(please tick)

Warm-Water System

No. of Systems: .....

**Maintenance Firm (if any):** .....

Phone (1) (....)..... Phone (2) (....).....

**Certifier of System:** .....

Phone (1) (....)..... Phone (2) (....).....

**Signature**

**5. Your declaration**

I declare that all the information provided is true and accurate.

- More information may be requested within 21 days of lodgment.

Signature: ..... Date: .....

**How to lodge this application**

**Address the application to:** The General Manager  
Woollahra Municipal Council

**You can send it to us by any of the following methods**

**Post:** PO Box 61  
Double Bay 1360

**DX:** DX 3607 Double Bay

**Courier or personal delivery:** Council Chambers  
536 New South Head Road  
Double Bay NSW 2028

**How to contact us by phone, fax or electronically**

**Phone:** (02) 9391 7000  
**Fax:** (02) 9391 7044  
**E-mail:** [records@woollahra.nsw.gov.au](mailto:records@woollahra.nsw.gov.au)  
**Web:** [www.woollahra.nsw.gov.au](http://www.woollahra.nsw.gov.au)

**Fees:** A \$90 registration fee is to accompany this notification. Inspection fees are also payable as and when inspections are carried out by Council's Environmental Health Officers.

**Payment methods**

**In Person**

Payment can be made at our Customer Service Centre by the following methods: cash, EFTPOS, cheque, Money Order (make payable to Woollahra Council) or by credit card – American Express, Diners Club, MasterCard or Visa. Credit card payment will incur a processing fee.

**By Mail**

For credit card payments, please complete the attached "Credit Card Payment" form.

For cheque payments, please make payable to Woollahra Council.

**Acknowledgement**

You will receive a receipt specifying the amount of fees paid.

**Making a personal visit?**

Woollahra Council is located at 536 New South Head Road, Double Bay. We look forward to seeing you.

**Bus or Rail:** Train to Edgecliff and take the bus or walk from the interchange at the Edgecliff Centre.

**Parking:** Short term customer parking spaces are available on site. On street parking in nearby streets is also available.

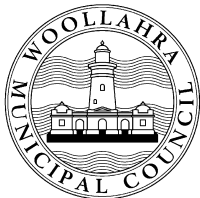
To be completed by Council's Cashier and Customer Service Officer. GST may be applicable. <i>Retain your receipt as proof of lodgment of the application.</i>	<i>OFFICE USE ONLY</i>		
	Fee Description	Fee Amt	Receipt Code
	Lodgment Fee	\$90.00	540
	<b>Total:</b>		

Receiving Officer:.....Date: .....

Cashier:.....Date: .....

**Privacy notification**

The personal details requested on this form are required under the *Public Health Act 2010* and *Public Health Regulation 2012* and will only be used in connection with the requirements of this legislation. Access to this information is restricted to Woollahra Municipal Council officers and other people authorised under the Act. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.



# Credit Card Payment Form

**All credit card payment will incur a processing fee currently 1%**

Payments should be sent to: Woollahra Council  
536 New South Head Road  
DOUBLE BAY NSW 2028

OR

PO Box 61  
DOUBLE BAY NSW 1360

OR

DX 3607 DOUBLE BAY

### Credit card payment

*This matter will not be processed until the credit card payment has been authorised*

Tick Applicable Credit Card	<input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DINERS CLUB <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA																
Full Name on Credit Card																	
Credit Card No.																	
Card Expiry Date			--														
												Total Amount Paid	\$				
Cardholder's Signature																	
Date							Contact Phone No.										

### Reason for payment

*Please indicate in this section the reason for the payment and any other applicable information.*

Payment For \_\_\_\_\_

Council Reference Eg. DA No.etc \_\_\_\_\_

Address (where applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PRIVACY NOTIFICATION

The personal details requested on this form are being collected, and will only be used for, the purpose of processing your payment. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council will not be able to process your payment. Access to the information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council.

OFFICE USE ONLY	Payment Processed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cashier	_____	
	Date	_____	