

# Notification of Installation of Regulated Systems

Water-cooling and warm water systems

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

Effective from July 2023 to June 2024

**File reference:**  
(Office Use Only)

## 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*.

Please call our Customer Service Centre on (02) 9391 7000 for any assistance.

## Owner's details *(In accordance with Clause 12 of the Public Health Regulation 2012)*

**Title:**

**Full name:**

**Company name:**  
(if applicable)

**Company contact:**  
(if applicable)

**ABN / ACN:**

**Address:**

**Phone:**

**Email:**

## Occupier's details *(Being any person entitled to occupy the premises or part to the exclusion of the owner)*

**Title:**

**Full name:**

**Company name:**  
(if applicable)

**Company contact:**  
(if applicable)

**ABN / ACN:**

**Address:**

**Phone:**

**Email:**

## Site details

**Address:**

**Contact name:**

**Phone:**

**Type of Regulated System installed:**

Water cooling system

**No of systems:**

Warm water system

**No of systems:**

**Maintenance firm:**  
(if any)

**Phone:**

**Email:**

**Certifier of system:**

**Phone:**

**Email:**

### Declaration and signature

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

**Name**

**Date**

### Fees

A \$107 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.

### Privacy and conditions of use

For more information about Privacy & Personal Information Policy: [www.woollahra.nsw.gov.au/privacy](http://www.woollahra.nsw.gov.au/privacy).

### Lodgement details

**Mail to:** Woollahra Municipal Council  
PO Box 61 Double Bay 1360

**In person:** Council Chambers  
536 New South Head Road  
Double Bay NSW 2028

**Email:** [records@woollahra.nsw.gov.au](mailto:records@woollahra.nsw.gov.au)

**Telephone:** (02) 9391 7000

**Website:** [www.woollahra.nsw.gov.au](http://www.woollahra.nsw.gov.au)

### Payment methods:

Payment can be made at our Customer Service Department by the following methods: cash, EFTPOS, Money Order cheque (make cheques payable to Woollahra Council), or credit card – American Express, MasterCard or Visa.

Credit card payments will incur a processing fee.

#### OFFICE USE ONLY

To be completed by Council's Cashier and Customer Service Officer

GST may be applicable (refer receipt)

*Retain your receipt as proof of lodgement of the application*

#### Fee type

#### Fee

#### Receipt code

Lodgement fee

\$107.00

T540

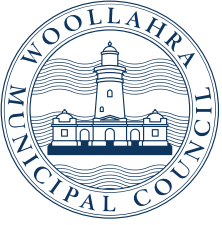
#### Total

**Receiving Officer:**

**Date:**

**Cashier:**

**Date:**



# Payment Form

## Payment methods

Payment in person at Council's Customer Service Centre can be made in cash, EFTPOS, cheque or money order or credit card (American Express, MasterCard and Visa).

## Payment details

All credit card payments will incur a processing fee of 0.55%.

Separate cheques are required for integrated development fees to the relevant body. Cheques and money orders are payable to **Woollahra Council**.

Payments should be sent to Woollahra Council at: 536 New South Head Road DOUBLE BAY NSW 2028;  
PO Box 61 DOUBLE BAY NSW 1360

## Privacy notice

The personal information in this form is required under the Environmental Planning and Assessment Act 1979 and will only be used for processing of payments. If you do not provide the information, Council will not be able to process your payment and application. Payment information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may request amendment of any personal information held by Council that is incorrect.

## Payment particulars

Payment for:

Council reference:

Application address:

## Credit card details

Card type:

Visa

MasterCard

American Express

Card number:

Cardholder name:

Expiry date:

Total amount paid \$:

CVV:

Cardholder signature:

Contact number

## OFFICE USE ONLY

Cashier's name:

Cashier's signature:

Payment processed: Yes

No

Date: