



If you need help lodging your form, contact us		Office use only	
Email	council@northernbeaches.nsw.gov.au		
Phone	1300 434 434		
Customer Service Centres	Manly Townhall, 1 Belgrave Street Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099	Form ID
	Mona Vale 1 Park Street Mona Vale NSW 2103	Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107	2043
			TRIM Ref
			Last Updated
			October 2020
			Business Unit
			Environmental Compliance
			Application No.
			Receipt No.

Privacy Protection Notice	
Purpose of collection:	For Council to provide services to the community
Intended recipients:	Northern Beaches Council staff
Supply:	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction:	Please contact Customer Service on 1300 434 434 to access or correct your personal information

About this form
The Public Health Regulation 2012 requires occupiers of buildings containing a cooling water systems and/or warm water systems ¹ to notify the local government authority within one (1) month of installation.
Notification is also required for warm water systems installed in public hospitals, declared mental health facilities, private health facilities, and nursing homes.
Occupiers must also ensure the local government authority is notified of the following: change of occupier (within 1 month), and any change in particulars (such as change in contact details, within 7 days).

This notification relates to	<input type="checkbox"/> New Installation	<input type="checkbox"/> Change of details	<input type="checkbox"/> Decommissioning
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Part 1: Property Details

Street Number		Unit/Suite Number	
Street Name			
Suburb		Postcode	
Telephone	Work		Home
			Mobile

Part 2: Occupier Details (person or entity who owns the system)

Name						
ABN/ACN (if any)						
Address						Post Code
Telephone	Work		Home		Mobile	
Email				Fax		

Part 3: Emergency Contact Person

Title	Mr	Mrs	Ms	Other				
Name								
Address						Post Code		
			Home			Mobile		
Telephone	Work			Home			Mobile	
Email				Fax				

Part 3: Type of Regulated System

Water Cooling System Details			
Number of Systems onsite		Number of coolings towers per system	
System Make and Model		Cooling tower unique identification number (existing tower/s only)	
Risk Management Plan Risk Rating		Date of system installation (new system/s only)	
System Location and Access Point		Name of company/contact person who maintains the system	
Warm Water System Details			
Number of Systems		System Make and Model	
System Location and Access Point		Name of company/contact person who maintains the system	
<p>Warm water systems located in a hospital only need to be notified to Council. Hospital means:</p> <p>(a) A public hospital within the meaning of the Health Services Act 1997, or (b) A declared mental health facility within the meaning of the Mental Health Act 2007, or (c) A private health facility within the meaning of the Private Health Facilities Act 2007, or (d) A nursing home, or (e) Any other institution declared by the Regulations to be a hospital for the purposes of this definition.</p>			

Part 4: Application Declaration

I declare that the information provided on this form is accurate, complete and correct. I declare that I have the necessary records and/or documentation to support this registration form.				
Applicants full name				
Applicants Signature			Date	

Fee: \$115

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ACCORDING TO PROCEDURES**

Credit Card Details			
Please charge my	<input type="radio"/> Mastercard	<input type="radio"/> Visa	<input type="radio"/> American Express
Amount	\$		

Name as appears on card																
Card Number																
Expiry Date																

Signature															
Daytime Phone Number															
Date															

Please note: All credit card payments are subject to a 0.7% service fee

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Application No.															

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