

ABN: 46 211 642 339 PO Box 420, Cootamundra NSW 2590 Email: mail@cgrc.nsw.gov.au www.cgrc.nsw.gov.au

SWIMMING POOL BARRIER INSPECTION REQUEST FORM

I hereby apply for the u	ndermentioned information re	elating to the property described	herein:	
☐ Swimming Pool Compliance Certificate – First inspection				\$ 150.00
☐ Swimming Pool Compliance Certificate – Subsequent Inspection				\$ 100.00
DESCRIPTION OF LA	AND			
House No S	treet	Locality		
Lot S	ection DP/SP	Land A	Area m²	_
Owner/Occupier/Agent Name Phone Number				
Please provide contact phone number for owner/occupier/agent so we can make an appointment to inspect the pool.				
Applicant Name				
Applicant Address				
Return by: CHOOSE	ONE ONLY i.e. if you request e	mail, you will not receive a hard	сору	
☐ Pickup at Cootamu	ındra 🔲 Pick up at Gunda	gai 🗆 Post	☐ Email	
Postal /email address				
Applicant signature _		Print Name		
Date		Phone Number		
				/
		OFFICE USE ONLY		
Amount Paid: \$	Date:	Assessment:		
Receipt No.	Cashier:	Doc ID no.		



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Please process payme	ent for to the below credit card.
I am aware that a 0.75	5% credit card surcharge will be added to the total amount.
CREDIT CARD PAYME	NT DETAILS
Cardholder Name: _	
Card Type:	☐ Visa☐ MasterCard
Card Number:	////
Expiry Date:	/
CCV Number:	
(Payment cannot be p supplied)	processed without a CCV number and your request will be returned if not
Amount:	\$
Applicant Signature:	
Contact Name:	
Contact Number:	
Date:	