



Request for Swimming Pool Barrier Inspection

This is an application for an inspection on a swimming pool barrier to assess whether the barrier is compliant and provide either a Certificate of Compliance or a Certificate of Non-compliance for a swimming pool barrier in accordance with Section 24 of Swimming Pools Act 1992.

Swimming Pool Details	
Address of the Pool	
Lot and DP Number	
Type of Pool	<input type="checkbox"/> Spa <input type="checkbox"/> Outdoor Pool <input type="checkbox"/> Indoor Pool
Owners Details	
Name of Owner	
Postal Address, if different to pool address.	
Phone number	
Email address	
Applicant/Agent (If not the owner, owner's consent required)	
Name	
Address	
Phone number	
Email address	
Access for inspection	
I, the owner/consented applicant give permission for Council's officer to enter the property for the purpose of inspecting the swimming pool barrier.	
Signature of owners/applicant _____	Date _____
Please stipulate any access requirements for property inspection(s) by Council staff	
<input type="checkbox"/> Dangerous dogs <input type="checkbox"/> Locked Gates <input type="checkbox"/> Poor Access	
<input type="checkbox"/> Other _____	
Fees and Charges	
<input type="checkbox"/> First inspection	\$150.00
<input type="checkbox"/> Any subsequent inspection	\$100.00
<input type="checkbox"/> Request for council to register the pool on NSW Swimming pools register	\$10.00

Owners Consent

I the owner of the abovementioned property authorise the applicant to:

- Request for an inspection of the pool barrier at the address listed above.
- Receive all correspondence in relation to booking and receiving any subsequent information about the inspection of the pool barrier.

Name: _____

Signature: _____

Date _____

Office only

Privacy Statement

The information and personal details provided by you on this Form are managed in accordance with the *Privacy and Personal Information Protection Act 1998* and Cootamundra-Gundagai Regional Council's policies and procedures as outlined in Council's *Privacy Management Plan*. Should you choose not to provide this information (wholly or in part) this may impact upon consideration of the matter by Council. The information will ultimately be stored in Council's records system.

Payment received.

Please process payment _____ to the below credit card.

CREDIT CARD PAYMENT DETAILS

Cardholder Name: _____

Card Type: Visa
 MasterCard

Card Number: _____ / _____ / _____ / _____

Expiry Date: _____ / _____

CCV Number: _____

(Payment cannot be processed without a CCV number and your request will be returned if not supplied)

Amount: \$ _____

Applicant Signature: _____

Contact Name: _____

Contact Number: _____

Date: _____