



Pool Safety Inspection Application

Application for a pool safety inspection for the issuing of a Pool Safety Certificate for a regulated pool.

Pool Details:

Type of Pool: <input type="checkbox"/> Shared <input type="checkbox"/> Non-shared		
Street Address:		
Suburb:	State:	Postcode:
Lot and Plan:	Property No:	
Name of pool owner:		
Date inspection requested:		
Arrangements for access to pool:		

Applicant's Details:

Name:		
Postal Address:		
Suburb:	State:	Postcode:
Phone:	Mobile:	
Email:		

Declaration:

By making this application, I declare that all information in this application is true and correct and that the owner has given consent to this application.

Signature of Applicant: _____

Date ___ / ___ / ___

Office Use Only			
Received:	Fee/s paid:	Receipt:	Inspected:

Privacy Collection Notice:

The information collected on this form will be used by the Balonne Shire Council in accordance with the Building Act 1975. The personal details collected will be used to administer the Act and some of the information will be provided to the Pool Safety Council for the purpose of administering the Act. Personal information will be accessed by persons who have been authorised to do so and may be provided to other persons as required by law. The personal information will be handled in accordance with the Information Privacy Act 2009.