



If you need help lodging your form, contact us		Office use only		
<b>Email</b>	council@northernbeaches.nsw.gov.au		<b>Form ID</b>	2043
<b>Phone</b>	1300 434 434		<b>TRIM Ref</b>	
<b>Customer Service Centres</b>	<b>Manly</b> Townhall, 1 Belgrave Street Manly NSW 2095	<b>Dee Why</b> Civic Centre, 725 Pittwater Road Dee Why NSW 2099	<b>Last Updated</b>	June 2021
	<b>Mona Vale</b> 1 Park Street Mona Vale NSW 2103	<b>Avalon</b> 59A Old Barrenjoey Road Avalon Beach NSW 2107	<b>Business Unit</b>	Environmental Compliance
		<b>Application No.</b>		
		<b>Receipt No.</b>		

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

About this form	
<p>The Public Health Regulation 2012 requires occupiers of buildings containing a cooling water systems and/or warm water systems<sup>1</sup> to notify the local government authority within one (1) month of installation.</p> <p>Notification is also required for warm water systems installed in public hospitals, declared mental health facilities, private health facilities, and nursing homes.</p> <p>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).</p>	

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

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

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

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

### Part 3: Emergency Contact Person

<b>Title</b>	Mr	Mrs	Ms	Other				
<b>Name</b>								
<b>Address</b>						<b>Post Code</b>		
			<b>Home</b>			<b>Mobile</b>		
<b>Telephone</b>	<b>Work</b>			<b>Home</b>			<b>Mobile</b>	
<b>Email</b>				<b>Fax</b>				

### Part 3: Type of Regulated System

<b>Water Cooling System Details</b>			
<b>Number of Systems onsite</b>		<b>Number of coolings towers per system</b>	
<b>System Make and Model</b>		<b>Cooling tower unique identification number (existing tower/s only)</b>	
<b>Risk Management Plan Risk Rating</b>		<b>Date of system installation (new system/s only)</b>	
<b>System Location and Access Point</b>		<b>Name of company/contact person who maintains the system</b>	
<b>Warm Water System Details</b>			
<b>Number of Systems</b>		<b>System Make and Model</b>	
<b>System Location and Access Point</b>		<b>Name of company/contact person who maintains the system</b>	
<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.				
<b>Applicants full name</b>				
<b>Applicants Signature</b>			<b>Date</b>	

Fee: \$115

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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 0.5% service fee

Office Use Only															
Application No.															

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