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Notification of Public Swimming Pool or Spa

Section 35(2) Public Health Act 2010 Clause 19 Public Health Regulation 2012
Note: Port Stephens Council must be notified within 7 days of any change in the below information

PART A

BUSINESS DETAILS

Premises name

Proprietor/ Company Email

Business address

Suburb State Postcode

ABN or ACN Phone

Owner full name Owner mobile

Correspondence Residential address Business address Other

PART B

POOL OR SPA DETAILS

Please complete one form per pool/spa

Types of pool(s)

Location of pool(s)

Disinfection system(s)

PART C

DECLARATION

Signature of authorised officer Date

Signature of owner/ operator

Print name Date

PART D

OFFICE USE ONLY

Reference No. 52 - - - Date entered Initial