



INNER WEST COUNCIL

REGULATED WATER SYSTEM REGISTRATION APPLICATION

Under the *Public Health Act 2010 & Public Health (Microbial Control) Regulation 2000*

About this form

This form is used for the registration of "Water Systems" – "Cooling Towers"

How to complete this form

1. Ensure that all fields have been filled out correctly.
2. Once completed you can submit this form by facsimile, mail or in person. Please refer to lodgement for further information.

BUILDING OWNER DETAILS

Owners Name:			
Address of Premises:			
Residential Address (of building owner):			
Postal Address (if different from above):			
Business Number:		Mobile Number:	
E-mail Address:			

LESSEE OR OCCUPIER'S DETAILS

Lessee or Occupier's Name:			
Business / Company Name:			
Postal Address:			
Business Number:		Mobile Number:	
E-mail Address:			



INNER WEST COUNCIL

DETAILS OF WATER SYSTEM

(if there is more than one system at the premises then please attach details of additional systems)

Type of system at premises:	Water Cooling System (Cooling Tower) <input type="checkbox"/>
	Warm Water System <input type="checkbox"/>
Make:	
Model:	
Location of System:	

ON SITE CONTACT PERSON

Name of Contact Person:			
Business Number:		Mobile Number:	
After Hours Contact Number:			

WATER TREATMENT COMPANY

Name of Water Treatment Company:			
Business Number:		Mobile Number:	
After Hours Contact Number:			

MAINTENANCE COMPANY

Name of Maintenance Company:			
Business Number:		Mobile Number:	
After Hours Contact Number:			

DECLARATION

I declare that all information supplied on this form is true and correct and there are necessary records and / or documentation to support this application form.			
Applicant Name:			
Signature:		Date:	



INNER WEST COUNCIL

INSTRUCTIONS FOR APPLICANTS

- Lodging an application requires a completed application form, all relevant information and the payment of the required fee.

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOU

- Lodge in person – Inner West Council's Leichhardt Customer Service Centre, 7-15 Wetherill St, Leichhardt.
- Council's opening hours are Monday - Friday, 8.30am – 5.00pm, cashiering hours are Monday - Friday, 8.30am - 4.30pm. Please note Applications must be lodged by 4.00pm.
- Lodge by mail – Inner West Council, PO Box 14, Petersham NSW 2049
- Lodge by Email – council@innerwest.nsw.gov.au
- Application will be checked at lodgement to ensure the required information is provided
- Payment – In person – cash, cheque, EFTPOS, credit card (0.75% charged on credit card payments; MasterCard and Visa only).
- Payment – By mail/Email – Cheque or complete the Credit Card Authorisation form – located on Council's website under About Council / Forms / General Forms. Make cheque payable to Inner West Council.

OFFICE USE ONLY

Date:

License No:

COST: \$155.00

Receipt No:

PRIVACY NOTICE

Purpose of collection of information on this form: To register a warm water or water cooling system. **Intended recipients:** Council staff. **Supply of Information:** A Regulated Systems Application is required for the regulation of warm water or water cooling system. **Consequence of non-provision of information:** Failure to provide correct details may breach relevant regulations. **Storage of Document/Information:** Council's record management system and archives.



INNER WEST COUNCIL

CREDIT CARD AUTHORISATION

How to complete this form;

1. Complete all fields ensuring that all mandatory fields marked with * have been completed.
2. Review the information to ensure it has been entered correctly.
3. Once completed either email, post or fax to Inner West Council - Leichhardt.
4. Payment will not be processed unless all information is present, including if other relevant forms/documentation needs to be attached.

CUSTOMER DETAILS

Surname*		Given Name/s*	
Company Name*			
Address*			
Home Number		Business Number	
Mobile		Fax Number	
Email			
Reason for Payment* (If paying for multiple services, please itemise. If you are paying an invoice please state the Debtor ID and Invoice number)			

OFFICE USE ONLY

Application number or details			
Council Officer:		Date	
Receipt Number		Amount	\$ 155.00

CREDIT CARD DETAILS

Please note that an additional 0.8% merchant service fee will apply to all payment made by credit card.

Cardholders Name* (Please print in capital letters)															
Credit Card Details* (Visa and MasterCard only)										<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard			
CVC* (3 digit reference on the back of credit card)								Credit Card Expiry Date*							

AUTHORISATION

I hereby authorise Inner West Council to debit my credit card in the amount of:*													\$ 150.00
(Please specify the amount)													
Card Holders Signature*													
Date*													
Contact Telephone No.*													
Is a receipt needed? (Unless otherwise stated the receipt will be made out to the cardholders name)													