

Swimming pool and spa registration (Form 22)

\$80.25
(registration and
search fee)

Property owner

Name of the owner where the pool/spa is located: _____

Postal address: _____

Phone number: _____

Email: _____

Property details

Please include Title details if available.

Number: _____

Street/Road: _____

Town: _____

Postcode: _____

Lot(s): _____

LP/PS: _____

Volume: _____

Folio: _____

Crown Allotment: _____

Section: _____

Parish: _____

Type of swimming pool/spa

When submitting your registration, please provide copies of any relevant building permit if available and/or any other documentation that provides evidence of when the swimming pool or spa was constructed.

Permanent swimming pool Date constructed:* _____

Permanent spa Date constructed:* _____

Relocatable swimming pool Date constructed:** _____

Relocatable spa Date constructed:** _____

* For permanent swimming pools and spas, the approximate date that the swimming pool or spa was constructed.

** For relocatable swimming pools and relocatable spas, the date that the relocatable swimming pool or relocatable spa was erected.

Please list any other building work that has altered or resulted in changes to the barrier since the swimming pool or spa was constructed or erected. Please also provide details and copies of any relevant building permit or other documentation.

Signatures

Name (please print): _____

Signature: _____ Date: _____

Payment options

In person: present this form and payment (cash, cheque/money order, EFTPOS or credit card) at one of our customer service centres.

Online: pay by Visa or Mastercard on Council’s website **mrsc.vic.gov.au**

By Mail: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Office Use Only – Prepayment Receipt Licencing Class BPSR	
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Credit card payment authorisation

Mastercard Visa

I authorise you to charge the following amount to my credit card: \$ _____

Name on card: _____

Credit card number:

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Expiry date (xx/xx): _____ Signature: _____